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ABSTRACT

In observance of National Children's Day, this House of Representatives' joint hearing was concerned with children's health, education, and welfare issues. Its purpose was to discuss the first National Children's Day Report Card, which provides information about changes that need to be made in government spending and in the treatment of children in our society. Section 1 contains statements made by the following people: (1) Dr. T. Berry Brazelton; (2) Felicia Dixon; (3) Kristie Joy Drury; (4) Jennifer Gamble; (5) Robert Greenstein; (6) Hon. Joseph P. Kennedy, II; (7) Anthony Lee; (8) Ronald Menard; (9) Thomas A. Nazario; (10) Lee Oakman; (11) Dr. Donald Schiff; (12) Steven P. Speach, Ph.D.; (13) Marie Vollestedt; (14) James D. Weill; and (15) Arlene Zieike. Section 2 contains additional material submitted, including a copy of the National Children's Day Report Card. There is a state-by-state report on 26 child indicators which are grouped under three issues: child health; child welfare; and child education. A listing of the definitions of the child indicators is appended. Section 3 contains prepared statements about children's issues by specialists in the field. (JS)

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OBSERVANCE OF NATIONAL CHILDREN'S DAY

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JOINT HEARING

BEFORE THE

TASK FORCE ON HUMAN RESOURCES

OF THE

COMMITTEE ON THE BUDGET

AND THE

SELECT COMMITTEE ON CHILDREN, YOUTH, AND FAMILIES

OF THE

HOUSE OF REPRESENTATIVES

ONE HUNDRED FIRST CONGRESS

FIRST SESSION

OCTOBER 3, 1989

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OBSERVANCE OF NATIONAL CHILDREN'S DAY

TUESDAY, OCTOBER 3, 1989.

House of Representatives,
Task Force on Human Resources,
Committee on the Budget and
Select Committee on Children, Youth, and Families,
Washington, DC.

The Task Force met, pursuant to notice, at 9 a.m., in room 210, Cannon House Office Building, Hon. Barbara Boxer, chairman, presiding

Mrs. Boxer. We are going to begin this hearing.

When Congressman Kennedy comes in, we will ask him to proceed to the witness table.

I am Congresswoman Barbara Boxer—there he is.

Congressman, you can either present your testimony from the witness table or come up here and present it, whatever is your wish.

Why don't you stay with the kids for a while.

I am happy to welcome you to this joint hearing on the Budget Committee Task Force on Human Resources and the Select Committee on Children, Youth, and Families, chaired by Congressman George Miller.

As chairman of the Select Committee, Congressman Miller provided a voice for our children. It has been my pleasure to serve on the Select Committee and to work side by side with him in making children's issues more visible.

National Children's Day, which was introduced by Congressman Kennedy and passed the House, has a festive ring, but our observation of this day has some somber aspects. I know that some of you are aware of the statistics that have come out of the Children's Report Card and Congressman Miller's Select Committee.

In 1986, nearly 70,000 pregnant women received no prenatal care. A 1986 survey of births in 36 hospitals found that 11 percent, or 375,000 babies, were born to mothers who used illegal drugs during their pregnancies.

Nearly 40,000 infants died before their first birthday. The infant mortality rate in Washington, DC rose 50 percent the first half of 1989. Over 20 percent of our children are poor.

A report released recently by the Select Committee shows that over 45 percent of black children are poor and, roughly, 45 percent of blacks and 50 percent of Hispanics failed to complete high school.

These statistics will no doubt be dramatized by our witnesses.

As the Select Committee's report points out, the need for comprehensive remedial actions has never been more urgent. The President's plea to increase funding for the war on drugs by cutting funding for programs such as juvenile justice illustrates the problems we face in setting our priorities.

I am delighted to welcome our child ambassadors from across the country and a distinguished group of adult witnesses. I would like to ask the young people to stand. You are very special. You were selected by the Governors of your States.

Will you all stand, those of you speaking and those of you who are here as part of the group. Thank you very much. We are very, very proud that you are here, and we know that you can help us find a way.

National Children's Day is a day in which we are going to concentrate on the problems of young people. We have to do it around here a lot more than that.

Our first witness is our distinguished friend and colleague, Congressman Joe Kennedy, who deserves our praise for organizing the National Children's Day and preparing a 50-state report card of child indicators in order to help focus attention on the plight of America's children. Several of our adult witnesses were involved in the formation of this report card. And on behalf of this Budget Task Force and the Select Committee on Children, Youth, and Families, I commend them for their efforts.

[The opening statement of Mrs. Boxer may be found at end of hearing.]

Mrs. BOXER. At this time I would like to ask my colleague George Miller if he has remarks.

Mr. MILLER. Thank you.

I want to join you in thanking Congressman Kennedy for bringing about this event and also National Children's Day. One of the things we have tried to do during the life of the Select Committee on Children, Youth, and Families is to hear directly from young people throughout our country on the various problems that confront them.

We have tried not just to listen to adults who have become experts, but to talk to young people and to their families, sometimes about the most sensitive subjects you can imagine, about teenage pregnancy, adolescent suicide, about their schools, about the problems of drugs, and what they think we ought to be doing.

National Children's Day gives us another opportunity to hear from all of you about what you think national policy with respect to children ought to be in a general sense, or very specifically about problems that might frighten you or that confront you and your friends as you try to make your way through adolescence.

I think it is going to be a very, very exciting hearing.

Joe, I want to thank you very much for bringing the two committees together. The Budget Committee obviously sets the priorities throughout the year on how much money we are going to spend on children in this Nation and how much we are not going to spend.

The Select Committee continues to try to provide a forum to discuss the problems that confront young people in America.

So thank you very much for all of your help and support, Congresswoman Boxer, both on the Select Committee and on chairing this hearing.

Joe, thank you very much for bringing these children here as ambassadors.

[The opening statement of Mr. Miller may be found at end of hearing.]

Mrs. Boxer. Thank you, Congressman Miller. Congressman Bliley?

Mr. Bliley. Thank you, Madam Chairman.

In this committee we have said so many times, in so many different ways, that our children, individually and collectively, are our Nation's treasure. We meet today to affirm that once again.

Each child, from the very moment life begins, has great possessions and intrinsic value. Our young people must know that the true measure of a person is not what a person has materially, but what he or she does, each according to his ability.

The fundamental test for government is to protect each child's opportunity to make a contribution to society. This is the essence of government's relation to its citizens.

The Select Committee has just released its third report on the trends and conditions of children and their families. There is a great deal of information in this report of more than 250 pages.

But to summarize in a single sentence, we cannot separate what is happening within their families.

For the past two decades, we have known that single parenthood is a prescription of poverty, regardless of race. Seventy percent of children living with both parents were in families with incomes of $25,000 or more per year, but just 12 percent of children living with mothers only achieved this economic level.

Conversely, about 47 percent of the children living with single mothers were in families with income levels below $7,500, compared with a mere 4 percent of those residing with both parents.

The number of one-parent family groups with children under age 18 has increased by 146 percent since 1970.

Congress has not offered any policy which would effectively reverse this trend. There is no national program we know of which has proven its ability to end premarital sexual activity and teenage pregnancy; we know of no national strategy to reverse the 33 percent decline in economic status women experience with divorce.

We spend a great deal of money trying to alleviate the hardships of these problems, but that is dealing with the symptoms, not the real cause of the condition.

We have long known that the best program for our children is still an education. Yet, despite the steady increase in public expenditures on education, we know of no national solution to keep each and every child in school until he or she has mastered the necessary skills to successfully compete in the job market.

We also know that a child often is at-risk for multiplicity of problems. But as long as Congress insists on micro-managing the present piecemeal system, it seems likely that children will continue to fall between the gaps which exist virtually by design. Thus, we cannot claim that Federal policies presently before us will indeed reverse these trends.

In a positive note, and I think this is reflected by the young people testifying before the committee today, the report affirms that children can change their future by staying in school.

Young people need to know that the labor market is expanding for those who get a solid education.

As we look to the future for our children can change their future by staying in school. Young people need to know that the labor market is expanding for those who get a solid education.

As we look to the future for our children, parents and policymakers alike can do well to heed the advice of Dr. John Silber which he gave at Boston University commencement in May 1981: "—we will ill serve ourselves and our children by preparing ourselves and them for a life of freedom and easy pleasure that may never come and most certainly will never last. We had better prepare ourselves and them for reality: A reality that is infused with moral laws as surely as it is infused with physical laws; a reality in which there is no consumption without production, no freedom without defense, no self-fulfillment and no self-government without self-disciplined persons who govern themselves, persons who are capable of subordinating their desires long enough to achieve (those) conditions on which freedom and survival, and even pleasure, depend."

Mrs. **Boxer**. Mr. Durbin?

Mr. **Durbin**. No statement.

Mrs. **Boxer**. Mr. Walsh?

Mr. **Walsh**. I would like to extend greetings to a young man from my home district, as a matter of fact, from the neighborhood in which I grew up in New York and extending greetings to all the children here today. I am looking forward to hearing from them.

Mrs. **Boxer**. Thank you. Mr. Martinez?

Mr. **Martinez**. Thank you, Madam Chairwoman. I don't have any opening statement, but I would like to take this opportunity to comment on a couple of things.

It seems like we all talk about the same things over again. In the 7½ years I have been here I have heard the same statistics and the same problems reiterated many different ways, and it doesn't seem we come any closer to providing active solutions to those problems.

I recently visited a Conservation Corps Center where I talked to some of the young people. I happened to mention to one young man that I had read about his background and commented on the fact that he was a dropout.

When I mentioned the word dropout, he turned to me and said, "I am not a dropout, I am a forceout."

I asked him what he meant by that, and he elaborated. He said, "My environment, my family situation and all the circumstances in which I was born and grew up in caused me to be forced out of school." He said, "It wasn't that I didn't want to learn and I didn't want to be in school and graduate. The fact is that I am here in this corps working toward my diploma so I can enter the armed services, because the services take very few, if any, non-high school graduates anymore."

He pointed quite proudly to a Marine Corps poster in his dormitory, and said, "I have already signed a contract with the Marine Corps and I am going into it." That is one of the positive programs.

But if you look at all these programs, much more needs to be done. In the Job Training Partnership Act, we are serving about 3 percent of the eligible population. You know, we provide for young people as they get into problems. We are as are concerned as anyone else about saving this young person so it doesn't create a bigger social problem down the road.

We look at the individuals in school to learn in programs that keep them from dropping out. But we never understand that a lot of our problems are in the family—in the family structures, including single-parent families—and that we do almost nothing in the way of grants or programs.

If we make the same kind of money and commitment to our family structure and to those families in the United States who are desperately in need as we have made to defense—spending $660 million to build a B-1 bomber that we finally got to taxi, and got to take off the ground for a few hours—I think we would whip the drug problems which are devastating our young people and some of the other problems: the broken homes, the broken family, the young person left to be influenced more by his peers in neighborhoods where there are a lot of problems than he is by the good things in our society.

I think somewhere along the line we are going to stop talking and start acting. I hope commemorating a National Day for Children is one step in that direction.

I think that a lot of us here are going to realize that how we spend our money is how we save our country. Thank you.

Mrs. **Boxer**. Thank you. Mr. Smith?

Mr. **Smith of Texas**. Madam Chairwoman, I don't have any remarks, but I am impressed by Mr. Martinez' non-opening statement. That was very eloquent testimony for the many concerns that we all feel.

Mrs. **Boxer**. Thank you, Mr. Smith. Mr. Weiss?

Mr. **Weiss**. Thank you, Madam Chairwoman. I have no opening statement either. I simply want to add my words of welcome to Mr. Walsh's young constituent as well as to all the other young people that are here.

Mrs. **Boxer**. Mr. Sabo?

Mr. **Sabo**. No opening statement.

Mrs. **Boxer**. Mrs. Boggs?

Mrs. **Boggs**. No opening statement, Madam Chairwoman, but I thank you very much for holding these hearings. I am very grateful to you.

Mrs. **Boxer**. I would like to comment to the young people here today that this is quite an impressive group of Members who have come here to hear you speak, so we will proceed and go right to Congressman Kennedy.

STATEMENT OF HON. JOSEPH P. KENNEDY, II, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF MASSACHUSETTS

Mr. **Kennedy**. Thank you very much, Madam Chairwoman.

I would like to thank you in particular, Mrs. Boxer, for agreeing to holding these hearings. I would also like to thank Chairman George Miller, and point out that this is a joint hearing this morning between Mr. Miller's Select Committee on Children, Youth, and Families, as well as the Budget Committee's Task Force on Human Resources, which I think augers well for the needs of young people.

You are the two individuals more than any others in the Congress that have led the fight to maintain the programs and provide the kind of necessary leadership that we need in order to look out for our Nation's young people.

All the Members that are here, that take the time to spend their efforts on this committee are to be congratulated for the wonderful work that you do for our Nation's kids.

The fact is by bringing children from all over the country here this morning, the kids will have a first-hand opportunity to understand how the Congress works and sometimes how it doesn't work, and what we do and what we should be doing on behalf of our Nation's children.

Chairman Miller, the report which your committee released on the plight of many black and minority children in America cries for a refocus of our national priorities.

Chairwoman Boxer, you have always fought the battles to preserve the vital child care programs in the budget. Children's Day would never have happened without both of you helping us.

We all thank you wholeheartedly. In four days our Nation will be celebrating its first National Children's Day.

For many children this day will be marked by special family outings, events at their State capitals and a party with friends. But for other children, this day will slip by without notice, without impact on their lives now or in the future.

By holding a hearing today, by releasing a Children's Day report card, by bringing dozens of children from all across the country, we are attempting to address the latter point, how we can make a difference in our children's lives today in order that they may live better lives tomorrow.

By many standards our children have a brighter future than ever before. Scores on college entrance exams are increasing, we have more students graduating from high school than ever before. The percentage of high school graduates attending college is increasing. Ninty-nine percent of public high school students have access to computers in their classrooms. Eight-five percent of the kids say they like school and 52 percent of the kids volunteer some portion of their time to help others.

Kids do have a better chance of making a good life for themselves here in America. But often that decision doesn't rest simply in their hands.

For many the chances of succeeding in America are based on the color of their skin, by the income of their parents, and by the language they speak.

Today, 26 percent of the children under the age of 6 years old growing up in America are kids growing up in poverty. Twenty-five percent of all kids across our country are dropping out of high school before they finish. And in somr of our innercities, 50 percent never graduate. Forty percent of the young girls under the age of 14 today are going to become pregnant by the time they reach the age of 21, and they won't be married.

We rank last among the industrialized nations in infant mortality. And in our innercities our babies are dying at rates exceeding those of Third World countries.

Children's Day is an opportunity to take a yardstick to measure how we can reach the goal in making ours a nation in which every child can reach their potential. One of the ways we set out to do this was to publish a national report for the states.

The national report card was compiled with the assistance of 12 well-respected people, four of whom will be testifying here today and others whom you can meet following the hearing. Together we have compiled a list of 25 indicators which tell a story about how America's kids are doing now and what kind of future that they will have tomorrow.

This story shows that we are losing important ground in areas such as infant mortality, prenatal care, childhood diseases, child poverty, ground that we must recover quickly.

It will require a total commitment that means time, effort and more human resources. When it comes to Government action, it is clear that we have wasted too much time and spent too little money on the programs and services designed to help our children.

We must expand eligibility on Medicaid to include pregnant women and children. All pregnant women and children have to be covered.

Given the rates of indicating how successful programs are for pregnant women and children and the payback to this Government, it is a shame that we let a third of them go without adequate prenatal care.

We must provide access to affordable housing to get homeless families, most of whom are children, off the streets.

We must provide AFDC payments that will allow parents to put a decent meal on the table for their children.

We must fully fund drug prevention and treatment programs to put a halt to this scourge of drugs that is sweeping our Nation. All of these are investments in our future that are important to our national security as any defense system.

We know that for every dollar invested in prenatal care, $3 will be saved on medical costs for low birth weight infants. Yet one out of three mothers receive inadequate prenatal care.

We know a sound education will lead to higher paying jobs, better health status and a higher standard of living. Yet, the Reagan Administration cut the education budget by over 25 percent and the Bush education budget fails to keep pace with inflation.

Also, spending more time with our children is one of the most important things that our society can provide. We should spend time reading to our children, helping them with their math and giving them the confidence that they need in order to deal with their peers and the constant pressure of modern-day America.

Often due to our busy work schedules it is our children who end up getting the short end of the stick.

I feel we are in danger of focusing on acquiring the world rather than making the world a better place for our kids. Jesus Christ once said, "For what has a man profited if he shall gain the whole world yet lose his soul?"

In a survey, which we will be releasing, with the Nickelodeon TV Network, 76 percent of the children questioned stated they want to spend more time with their parents, and family outings and celebrations is a large part of what Children's Day is all about. Giving our time can make such an important difference.

I think some of the children in this room set a standard for many of us adults to follow. Edward Cowy Thomas from Maryland and Mercer Baines from New Jersey spend their free time as peer leaders for younger students in order that they will develop the confidence and strength to stay away from drugs.

And Anmay Lam, from Hawaii and Serena Peterson from Ohio are outspoken on the issue of foster care. Frieda Dyson from Pennsylvania and Anthony Burrell from Iowa, and so many others time doesn't permit me to mention all their names, are shining examples of children who, against every difficult odds have made their lives ones that should be emulated by others. If more adults became better role models, there is no doubt in my mind our children would be much better off.

Children's Day began as a request from my own two boys, who wanted to have a special day designated for kids. They pointed out there is a Father's Day and a Mother's Day and what about kid's day? It has grown into an opportunity for all Americans to be thinking and talking and then doing something for their kids.

The House resolution designating National Children's Day will not change the fate of America's children. We need a resolution of American people. Chairwoman Boxer and Chairman Miller, you have led the crusade to improve our children's lives. I hope more will be done to follow your lead so that we may safeguard our Nation's most valuable resource, our own children.

Thank you all very much.

[The National Children's Day Report Card may be found at p.—.]

Mrs. BOXER. Thank you very much, Congressman. Would you like to join us at this time? Then we will ask the children to come forward.

Ronald Menard, Lee Oakman, Jennifer Gamble, Marie Vollestedt, Kristie Joy Drury, Anthony Lee, and Felicia Dixon. These children are from Massachusetts, Minnesota, West Virginia, Oregon, Oklahoma, New York, and Mississippi.

Dr. Stephen Speach, District Superintendent, Oceanside Unified School District, Oceanside, CA. We are glad that California is represented.

I want to welcome two more Members who came in, Mr. Sarpalius and Mr. Wise, we welcome you. You are just in time for the really important part, the children.

We will begin with our children ambassadors. Ronald Menard. Would you like to begin, Ronald?

STATEMENT OF RONALD MENARD, BOSTON, MA

Mr. MENARD. I am a senior at Cathedral High School. I am from Boston MA. I am one of our 9,000 peer leadership, who are part of——

Mrs. BOXER. Ron, could you speak directly into that mike? Move that microphone really up close. That is good.

Mr. **Menard**. All right. I am one of over 9,000 peer leaders who are part of Governor Dukakis' Massachusetts Leadership Network.

I want to speak to you about violence, what it is like living and going to school in a city where violence is very common, and more importantly, what we are doing as peer leadership to prevent violence.

Homicide is the second leading cause of death for teenagers. Too often the lives of teenagers are wasted over silly incidents. At Cathedral High School in Boston, like many of the over 200 schools in Boston, MA, it is required for every student to take a course in violence prevention. We try to give kids options not to fight. we try to alert them of the consequences of fighting.

Violence prevention is, you know, working very good. I have noticed a big change in my schools, in my neighborhood, you know. When I was a freshman, there used to be a lot of fights, and you know, killings and murders, you know after school. But now, after the violence program, there has been less, you know, less violence, and fighting is very rare.

Kids need to feel good about themselves and to have a vision of a prosperous future. And I would ask you to give us a chance by taking a hard look at society. In order to continue this program, we need more money. The Congress has a commitment to us young people. President Bush has committed 12 cents interest for every student in the violence prevention program, but that is not enough, you know, because we need more money.

Thank you for your time.

Mrs. **Boxer**. Thank you very much. Lee?

STATEMENT OF LEE OAKMAN, WACONIA, MN

Mr. **Oakman**. Chairpersons, Committee Members, and Representatives, thank you for this opportunity to speak with you on behalf of the youth of Minnesota. Today, we have six youth representing the State of Minnesota. We are in no way different from the other people our age except that we have been given the opportunity to shine through our involvement in various volunteer and leadership organizations. These organizations are sponsored by communities, churches, States and/or Federal Government.

The wants of today's youth might best be indicated by report work group discussions entitled "What Do Minnesota Students Want and Need?" This report, conducted by the Minnesota Department of Education, lists several major needs of Minnesota students. It says we need to have visions of what might be possible for us to be and to do. We need to participate as citizens and members of the household, as workers, and as responsible members in society. We want to be able to have options in the way we learn and meet our special needs. We want to gain experience as decisionmakers.

Many of these needs and wants can be met through our involvement in various organizations such as Fresh Corps. This organization in Minnesota invites youth to develop and participate in community betterment projects. Some of the Fresh Corps' activities include tutoring, helping handicapped children, and monitoring public parks.

Youth leadership is another area in which young people can excel. The Future Homemakers of America organization promotes teens to take actions for recognition. This organization, which I am involved in, encourages students to speak publicly with other youth about problems affecting them in today's society. Some of these presentations have been on the following topics: Stress, self-esteem, substance abuse, teen pregnancy, and acceptance of the elderly.

Kid, Incorporated focuses on the need for the rural community for special education services for the learning disabled. One of their programs is Camp Buckskin, which provides a relaxed learning environment for emotional and learning disabled youth.

Cultural awareness is also an area in much need to expand. This program promotes greater understanding of other individuals in our global society.

Active involvement in crime prevention is another form of community service. Various organizations and leadership skills must be incorporated for involvement in this activity.

Through programs like these in Minnesota, youth have been developing communications, leadership and organizational skills, self-esteem and all, which will be essential for our future. We need to continue and increase funding for vocational and volunteer organizations.

This funding is to support their purpose and to adequately compensate qualified leaders. We must insure that today's youth continue to take an active part in our future. Young people have much to offer in areas such as the arts, politics, athletics, music or thought. Today's young people are not necessarily the problem. They are the solution. Thank you.

Mrs. **Boxer**. Thank you very much, Lee.

I see that Congressman Sikorski is joining us. Welcome, Congressman.

Jennifer Gamble of West Virginia.

STATEMENT OF JENNIFER GAMBLE, MARTINSBURG, WV

Ms. **Gamble**. I would like to thank Congressman Kennedy and the committees for asking me to testify today.

I began researching the homeless problem last fall after having seen many homeless people in Washington, DC, and witnessing a soup line outside of the Rescue Mission in Martinsburg. At that time, I realized that the homeless problem was not just limited to large cities, but that it was right in my hometown.

I felt that I wanted to identify one specific need of the homeless population. I then wanted to find a way to solve that need. I spoke to staff members at the Department of Human Services and asked them to tell me that was needed. The specific item which they found was the need for manual can openers. Many of the homeless were being housed in motels. These people had ample food which had been donated, but they had no means of opening the cans. My goal then became that of trying to raise enough money to purchase 30 manual can openers.

I decided to create buttons which contained the slogan "No Place Like Home." I also stenciled a small black house in the center. My parents gave me the money to purchase the first 100 buttons. I decided to market them through the Eastern Panhandle Training Center. The first batch did not make it home. My project was off and running. Sales began to skyrocket, and the next challenge was to keep up with the demand.

Eight hundred and fifty-two buttons later, I have helped to raise the level of community awareness pertaining to the homeless. I have purchased 30 can openers, held a Valentine's party for the children at Bethany Shelter, provided 17 Easter baskets for homeless children housed in Bethany Shelter and Willowbrook, provided $130 worth of basic supplies to assist with the opening of Willowbrook Shelter, replaced a storm damaged door in Bethany Shelter, provided diapers, paper products, and medicine for the homeless in Martinsburg.

With the additional money I have opened a special checking account at the Farmers and Merchants Bank in Martinsburg. When a homeless person has a special need I am contacted by the shelter or Department of Human Services and I obtain the needed item.

As part of my research on this project, I decided to survey U.S. Congressmen and Senators. I made a survey and it was distributed by Congressman Harley Staggers. I asked the Members of Congress to rank the problems of homelessness in relation to other national issues. Out of the nine items which were listed they ranked homelessness No. 5. I received a total of 52 letters.

The congressional rankings of my survey done in February 1989 are as follows: (1) National deficit, (2) education, (3) national defense, (4) environment, (5) homelessness, (6) drugs, (7) AIDS, (8) abortion, and (9) handgun control.

On June 28, 1989, I was recognized by Gov. Gaston Caperton for my work with the homeless of my community. I was presented with the Distinguished West Virginia Award.

I am so happy and proud that my community did make a difference in the lives of the homeless. I have been blessed to have been born in a family rich in love and support. They gave me the guidance to help others who are not so fortunate. I hope to inspire other communities to use my project idea. If every city in every State would make the effort we could conquer this problem. I do believe that the future begins here and now.

Mrs. **Boxer**. Thank you very much, Jennifer. When we said children could be part of the solution, that was a good follow-on to hear from you.

Kristie Joy Drury from Tulsa, OK.

Forgive me, we will go to Marie Vollestedt from Bend, OR.

STATEMENT OF MARIE VOLLESTEDT, BEND, OR

Ms. **Vollestedt**. My name is Marie Vollestedt. I am from Oregon. On June 4, 1987, a young girl walked into the police station determined to do everything possible to keep her abusive family from sabotaging her life. It is a step no one wants to think about, yet so many must for survival.

Just like many children all over the world, I took one big step toward life. After making the police reports against my father and brothers for abuse, I was placed in the care of the Children's Services Division.

Mrs. **Boxer**. There is something wrong with the microphone. Kristie, give her your microphone. Pull it real close.

Ms. **Vollestedt**. After making police reports against my father and brothers for abuse, I was placed in the care of the Children's Services Division. CSD provided me with institute care, which meant I moved in with a family opposite from what I had known for 14 years. From all I knew, these people could be exactly like my own family. My trust was a gift bestowed upon no one.

In the foster home I felt as though I was an alien only visiting this planet. I was used to pain and abuse, not a family which cared enough to take me into their home. As we went through the court system, testifying against my family, I moved to another foster home to provide physical protection. A pattern of moving from home to home began to take place. I have now been in foster care for 2½ years.

There are many important issues involved with foster care which I have had to deal with. I have started a support group for foster children, and I am president. Through this I have counseled many kids in foster care, as well as those in natural homes, expanding my own knowledge and understanding.

The first experience I had from CSD was moving from foster home to foster home. When I left my family, I felt abandoned and unwanted. I had a hard time trusting people even under favorable conditions. When I was moving around, it made it even impossible. I, like most, decided I was not going to get hurt any more. Once was enough. I became a fake person with a necessity to hide any feelings of pain or happiness.

As we go out to face the world for the first time, with the hope of a real person, we realize harshly we are no longer considered normal. Society looks at foster children without their real family, standing outside, all alone. They decide that there must have been something wrong with us which caused our parents to reject us. Society pictures us as dirty children that run rampant throughout the city.

No one seems to realize that all children start out as babies, and babies can only take so much pain and neglect before they close themselves off from the world of pain. Through the eyes of many foster children, the world is full of pain with love enough only for the normal children.

Much of the time there is overwhelming thought of worthlessness that keeps you striving for the love that you are not sure exists for you. Society can offer pity much easier than acceptance.

All of us need a stable environment. Foster children need this even more, because we must, we had to be in control to protect ourselves in the past. Starting out with a shaky foundation gives you little hope when you begin to rebuild your shattered life anew.

I have yet to meet a foster child who can say I am okay. Neglected by their biological families and labeled by society as second class citizens, and failures, the situation takes its toll on self-esteem. Foster children began seeing themselves as bad, unwanted and alone. Our dreams drop because we begin to see ourselves as failures. The children start becoming what society sees. we often become a self-fulfilling prophesy.

The reaction of others is the mirror in which we look. At first we are hopeful. Yet now we are condemned by the reflection we see in society's mirror. I dream of the day we can look into our own mirror and realize what all of us truly are, the future. Unless children are taken care of, there will be no future.

Today I am happy. My foster parents are my parents. I am fortunate to find a home willing to help me rebuild a strong foundation. With the shortage of foster homes and the recent increase in homeless children, many kids will never have the chance I have gotten. I know there is pain in the world and desperate need, but today I have faith in the future. Thank you.

Mrs. **Boxer**. Marie, it is difficult to tell you how much we appreciate your coming forward today. Thank you. Kristie.

STATEMENT OF KRISTIE JOY DRURY, TULSA, OK

Ms. **Drury**. Members of Congress, my name is Kristie Drury and I represent Oklahoma. I live in Tulsa. I am 11 years old and in the 6th grade at Boevers Elementary. Every since kindergarten I have been mainstreamed in school and I think that is very important, because I get the chance to do most everything everyone else gets to do.

Mrs. **Boxer**. Kristie, we are all parents up here, so don't worry. Just do it. You can do it.

Ms. **Drury**. And I believe her.

Mrs. **Boxer**. Kristie, would you like me to read some of the testimony until you feel comfortable doing it, or would you like to continue?

Ms. **Drury**. Can you call somebody else?

Mrs. **Boxer**. Sure; we can go to Anthony. Either I can read your testimony into the record or you can read it, darling, whatever you want.

Anthony Lee, from Syracuse, NY.

STATEMENT OF ANTHONY LEE, SYRACUSE, NY

Mr. **Lee**. My name is Anthony Lee and I am a Native American. I think more Native American history ought to be assimilated into our regular history classes. Now is an opportune time to do so. Do you know Native Americans have played a major role in forming our present government? Did you know the government succeeded in forming our institution by replicating the Iroquois Confederacy? You probably never heard those facts. This is why I strongly believe Native American history should be taught.

An event I have often dreamed of seeing is a Native American week. I have heard of Famous Black History Month. I think this was a marvelous idea. It surely had educated many on the affairs of African-Americans. I think a similar approach may assist my proposal. I wish to educate the public on the background of Native Americans. This will leave a positive attitude in the minds of the public because I know negative stereotypes still exist in some minds.

I would like to talk briefly about teen pregnancy. It really is a problem that requires attention. I will get right to the point. It leads to teens dropping out of school. This leads to a road that is not paved smoothly, where education is surely the backbone of a successful, healthy life.

Many obstacles must be overcome. To young, underdeveloped minds, this can be very difficult. One may think of suicide or drugs and alcohol and so on. I strongly believe that extra attention must be paid to teenage parents so they can better handle the situation.

What I mean by extra attention is more programs should be proposed. The other ambassadors from New York and I, firmly believe that our voices should be heard as we speak on the issues of teen pregnancy and drugs and alcohol. These problems surely can and do affect all youth.

Mrs. **Boxer**. Thank you very much, Anthony. Felicia Dixon is from Hazlelhurst, MS.

STATEMENT OF FELICIA DIXON, HAZLEHURST, MS

Ms. **Dixon**. Thank you.

Being a teen mother, issues facing today's teen parents. I am Felicia Dixon, a 16 year old single mother. Presently, I am an 11th grade student in the Hazelherst High School. My family and I have lived in Hazelherst, MS, a small rural town, for all of my life. I have a 6 month old daughter, Demitriotta.

It was difficult when I first discovered I was pregnant. My parents were upset and angry. I was very lucky, because my family has given me and my baby support, love and a nice home. I am very thankful that my mother takes care of my baby while I go to school.

However, even with my family's help, it is confusing being a single, young, inexperienced mother. It is also difficult being dependent upon your parents and not being able to provide for your baby. I would like very much to have a job, but no one wants to hire me because I am too young and do not have any job skills.

I am also fortunate in that my school provides teen parents classes and day care for teen parent's children. This will be helpful in learning child development and how to be a good parent.

There needs to be more teen parents classes and day care services for babies of teenage mothers. Many teen mothers do not have day care in school and they do not have anyone to keep their babies so they drop out of school.

Schools and teachers need to be more helpful with teen mothers. It is hard to stay in school when you have a baby to take care of and you do not have a good family life. Often they do not have transportation or day care. Transportation is often a big problem for teen mothers. In my area some mothers must travel 25 miles to school or to the health department.

Health care is another problem for the teen parent. Teen parents often do not have the money to pay for services. The health department is often crowded and it takes several days to get an appointment. For many young people leaving school to go to the health department is difficult and embarrassing.

A school based health program could serve teen parents and their children and also provide contraceptives for preventing teen pregnancies. Many young girls have abortions because they think they are too young to have a baby. I personally do not think that abortion is the answer. If the young girl does not want the baby, she should give it up for adoption.

Counseling advice for the pregnant teenager would help them in making good decisions. Teens have many problems with contraceptives. Teens do not think they will get pregnant and often do not use contraceptives. Schools should teach sex education before girls get pregnant and encourage both boys and girls to use contraceptives.

Many teen mothers live in terrible situations where there is prostitution and drug abuse. Some mothers and their babies do not have a place to live and others are living in homes where they are abused. Communities need to provide sheltered homes for teen mothers who do not have families to help take care of them. These mothers need a place to live and raise healthy babies.

One of my biggest problems, and one that faces most teen parents, is employment. Teens need part time jobs while they are in school or job training programs so that they can get skills for work. Teens want to be independent and support their babies, but they do not have the job opportunities or job skills.

I have written mostly about teen mothers, yet teen mothers babies have fathers. These fathers need to provide child support for their babies. If they do not have jobs, they need job training and employment. If the fathers refuse to support their children, laws requiring child support needs to be enforced more than they are at present.

I am thankful and pleased for my family and healthy baby. Having a family to support and care for you when you have a baby is most important when you are young and single. Many young mothers and their babies are not so fortunate to have a family to help them and they need many services.

In my opinion, it is very important that all teen mothers have day care, transportation, education, job training, and skills. Providing these services will help to make better families, better communities, and a better America.

I would like to close by saying thanks to Governor and Mrs. Mavis for their support and commitment to issues that affect children, especially child care literacy, education and teen pregnancy. Thank you.

Mrs. **Boxer**. Thank you, Felicia. You have given us a guide for our budgeting. Kristie.

Ms. **Drury**. Should I read from where I left off——

Mrs. **Boxer**. Sure.

Ms. **Drury**. I am active in Girl Scouts. I like to ride horses at a therapeutic riding center in Oklahoma. I also like to play tennis. In July the Spina Bifida Association had their yearly conference and they showed us how to play tennis. It was fun.

That's just the stuff I can do. There are things I can't do and I would like to see some changes made. I think we need more adaptive physical education so we can have as much fun as the next guy. I also think we need more curb cuts. Whenever I go someplace with my mom and dad, we always have to lift my cart to get up to the sidewalk.

I think we need more education for teachers about our disabilities and special needs. One of the most important reasons I have been able to be mainstreamed is because my school has a full-time nurse. I think that is important because most schools don't have a nurse to help kids like me with their special needs.

In a way it is like AIDS, nobody knows enough about our disabilities to do anything about it. But we are going to show them what we are made of. After all, we are part of the next generation, the senators, representatives, presidents. You have got to make the laws better so we can live better lives and help other people understand that we are not really any different than they are.

Mrs. **Boxer**. You bet. Thank you Kristie. That was really moving. I want to thank all of you for moving us and for teaching us.

I would like to call on Congressman Miller if he has any questions.

Mr. **Miller**. Thank you. Let me also thank all of you. This is why we have tried on the Select Committee to have young people come and to testify to us because I think it gives us an opportunity to hear some of the concerns and some of the circumstances in a manner in which we don't ordinarily hear them.

We have had young homeless children come and testify about what it means to be homeless. Marie, we have had young foster children and older children such as yourself come talk about what it means to go to 10 or 12 different families while you are trying to stay in high school and make friends and relationships, and the isolation when systems don't recognize that you are adolescent and maybe you need a little money to buy some clothes or a cassette tape so you can be like other kids. Systems don't recognize the special problems of adolescents, let alone foster children.

Kristie, we struggled long and hard and tried to listen to young children who have disabilities. You are right, we have a long way to go but we have made a commitment so that you can participate in society just like everybody else because you have so much to give to us. Very soon we are going to make a major statement in the Congress with the passage in the next couple of weeks of the Americans with Disabilities Act which says once and for all it is going to be the policy of this country that people with disabilities get to participate. We are going to have to change. We are going to have to cut a lot of curbs, put in ramps, open classrooms and businesses, but we are going to let people in.

They are going to get the same opportunities. That is going to be the law of the land. I think it is very, very important.

Felicia, you are right. Just because a young woman becomes pregnant doesn't mean we should abandon her. We should figure out how to keep you in school, and give you the support necessary. If we don't provide the job training, the education, life isn't going to get any better for you and it is certainly not going to get any better for your child.

This country must understand that very often we stigmatize young people because you experiment with drugs or because you are handicapped or a foster child or adopted or because you are a little slower than others in school. What we ought to do is quit stigmatizing and characterizing you and provide you with the supports that are necessary because every time we do it, we find you can succeed far beyond our expectations.

You are very, very valuable to us. It is a lesson that I think sometimes we can only hear from you. It is something that we have to keep renewing in the Congress, our understanding about how fragile your relationships are and yet how strong some of you are in terms of helping others.

Ronald, one of the things I have listened to as I traveled across the country talking to young people, is the value of peer counseling, one young person helping another, whether with drugs or, in your case, with violence or even school work; that ability for one young person to turn to another because you are able to talk to one another and explain and counsel one another the way very often adults are not able to do it.

You tell us your problem, we lecture you. We tell you how to solve it immediately instead of listening. One of the most successful things we are seeing in this country in dealing with problems such as teenage pregnancy or drug abuse is trying to get young people involved with their friends and reaching out and giving them a hand. This is quite a remarkable panel, a cross section of concerns and solutions.

Jennifer, if you keep it up, we will all be out of work on this side of the panel.

Ms. Gamble. That is where I hope to be someday.

Mr. Miller. Well, tell Harley Staggers to get on the move. Maybe you could move to Bob Wise's district. Can you clog? If you come from West Virginia you have to know about clogging because they all do. I hope we do inspire you to run for public office. It is great fun and you do have a chance to have some say in these concerns.

Let me just thank all of you very, very much for taking your time and for your courage and your frankness and for again making us look at you as individuals rather than deciding that you are one part of some category that we ought to pay attention to or not. We ought to pay attention to all of you and the young people sitting behind you as individuals. Thank you very much.

Mrs. Boxer. Thank you. Mr. Kennedy.

Mr. Kennedy. Thank you very much, Madam Chairman.

I just want to say how impressed I am and how delighted I am that each one of you came here this morning and told your stories. To those of you who are sitting right behind the first table, I am sure that each one of you has as much to offer as any of the seven who happened to be selected to provide testimony today.

I would ask Chairman Boxer if she would accept any thoughts that you might have on your stories into the record of this hearing and put into the Congressional Record so that your stories too will become part of the history of this country.

Mrs. Boxer. Without objection, we will do that. We will include anybody's comments of the young people.

Mr. Kennedy. I also want to reiterate a point George made which is that so many times we sit here and hear raw statistics. People tend to make arguments and we only accept them as a country and as a government based on how many people did this and how many people did that. When, in fact, what becomes much more touching and moving is to hear from people who have experienced these problems and not only experienced them but have been able to come through the other side and have become leaders that young people your ages can look up to.

Ron, you are from the same city that I am from. You talked about the violence in the school and the fact that the second largest cause of death in America today for young people is homicide. All we have to do is pick up the papers each day and see more children killed as a result of drugs, violence in the school and the like.

I wonder if you can tell us whether or not the course that you took really did help and whether or not it resulted in a reduction of violence in your neighborhood? What is it that you think has caused some of that reduction when we see in so many other neighborhoods in Boston increasing in violence?

Mr. **Menard**. The program really affected me a lot. Back before I started taking the program I used to be a fighter. I fought everyday. I got into trouble.

Mr. **Kennedy**. You look like you would win most of them, Ron.

Mr. **Menard**. But afterwards, you know I was a peacemaker. I was always trying to stop a fight. I tried to do anything I could to prevent people from fighting. That is the way I am right now. That is the way the program has changed me.

Mr. **Kennedy**. So it is that before you get into a fight now, I think you said there are sometimes silly things that you get involved with, is it that you stop and think what the results are? How would you suggest to some of the other kids in the room that when they get into one of those silly disputes how do you get them to stop fighting?

Mr. **Menard**. You have to think about the consequence of who you are fighting with. You might lose a friend. You might have a bad reputation. If it is a silly incident over a fight——

Mr. **Kennedy**. Thank you.

Felicia, I was just so impressed with the tremendous knowledge that you have about the problems that so many young people in our society face.

I think you gave as articulate a statement as I have ever heard any Congressman or Congresswoman give for the need for teenage sex counseling in schools, the need for the kind of support systems, for our families, the kind of support systems that single mothers and their children need.

I would challenge anybody who says this is just a problem that should be fixed in the family itself and to take a look at the circumstances that you have found yourself in.

Do you think that the programs that are offered in school can, in fact, help deter teenage pregnancy? As a follow up, I wonder if you can tell us a little about how and if you considered an abortion and why you decided to go through with your pregnancy?

Ms. **Dixon**. I have not considered abortion because I think that an unborn child has a life even though it is not born. I think it has a right to live as the mothers do. Because it is really not the answer, abortions are not the answer. If the young teen parent, if she does want to have the abortion, well, I think everybody is entitled to his or her own decision. But abortions, no.

Mr. **Kennedy**. Felicia, you know in a lot of our districts there is a raging controversy over whether or not there should be teenage pregnancy counseling in the schools and whether or not they should distribute condoms and other types of birth control activities. Do you think that if sex counseling and clinics were provided in the schools that you would see a reduction in teenage pregnancies?

Ms. **Dixon**. Yes; at the school I go to they don't provide sex education but I would stress that they should put more emphasis on sex education in schools.

Mr. **Kennedy**. Thank you, very much.

Mrs. **Boxer**. Mr. Durbin.

Mr. **Durbin**. Thank you Chairman Boxer. Thanks for your testimony. You did a wonderful job. I want to salute Joe Kennedy. His family has a wonderful history and reputation in contributing to this country. Joe's fine work on the first National Children's Day is something we are all proud of in Congress. I am proud that you would journey here, even those who did not testify. Thank you for coming and showing how important this is to you.

I want to give a word of caution. Congressman Kennedy was saying earlier he got the idea for the National Children's Day when his two children came to him and said there is a Mother's Day and Father's Day but no Children's Day. I used to say that to my Mom and she would say every day is children's day.

Having been in Congress for 7 years, on Capitol Hill every day is not children's day. We go months and months at a time debating issues and never talk about kids. We act as if they are going to take care of themselves. We worry about tax codes and spending and we never get down to basic issues that you raised today, issues which will decide what your future will be.

I guess the problem is that many of us think that we are experts on the issue. That is why your presence here is important. I don't want to make a speech. I want to give you a chance to speak here.

Please identify who you are if you speak. If you feel adults misunderstand young people, what is the single most important thing you would say that we have to understand about young people? You can say, I heard an expert say this about what life is like for young people. He is wrong. That is what really faces us. Would any of you young people here today like to comment on where you think the experts have been wrong and what your experience has been?

Mrs. **Boxer**. Why don't we let them think it over a while? After Mr. Wise speaks, we will ask if anyone out there—this is your chance to tell us off. It would be very helpful if you would say adults are always saying this but really it is not like that. Anything else, Mr. Durbin?

Mr. **Durbin**. No, I will leave it like that.

Mr. **Martinez**. I have five children and 14 grandchildren. I have a grandchild very much like Kristie. I guess, you know we are not experts. When I was a young kid, my older brother was really my "father." The encouragement and advice he gave me made all the difference. I always said he is too old to understand. One day I realized that he was where I had been a few years before. He did learn from those experiences. Sometimes we can learn from the experiences that we have.

Nobody teaches anybody to be a parent. If we want to concentrate on helping the family as a unit—because that is when the problems start to occur—we ought to have programs to help young parents, especially young parents and single mothers who, as you outlined, can come in and get direction and get help on how you put up with the crying at night and how do you put up with times the children do something wrong and you ask the children why and they say, "I don't know." They really don't know.

They acted on the spur of the moment. We expect parents to understand why the children did that and explain to us. They cannot. Then we think it calls for punishment because they want to make them understand. But it doesn't come close to making them understand.

In response to Mr. Durbin's question, we don't understand that 99⁹⁄₁₀ percent of the young people are open to positive suggestions. If you give them positive alternatives they will take them. The problem is we don't provide enough positive alternatives.

What you are doing on your local levels are to be commended. It is laudable. If you don't do it, nobody is going to do it. Congress and the President have not set a national policy or commitment to those things that will provide for us what our Constitution says it should: Promote the general welfare.

I wanted to talk to Marie. I have visited McLaren Hall in our area. That is where most of the foster children are sent to begin with. Some people think they are in the foster home because they are juvenile delinquents. That is contrary to the truth. Most of those kids are in McLaren Hall and end up in foster homes because they have been abused. They had parents who never understood what the meaning of parenting was because nobody ever taught them. Some kids never end up in foster homes or in a place like the Hall but they live with parents who abuse them.

Congress or the President of the United States needs to make a commitment to defend and develop the kind of national policy that will encourage more action on the local level. In those few instances that we have heard here today, individuals are doing it because, like the song, they know the world needs more love; love, love, love, love, love.

Let me tell you, in my area there was a lady who lived across the street from me where I raised my five children. That lady had love and she understands why the children need love. She was a single woman but she raised 42 children. Every year they have a family reunion. They all love her like she was their real mother. Thank God for people like that.

I think that it is a crying shame that we don't have enough people who come forth and volunteer.

Mrs. **Boxer**. Mrs. Boggs.

Mrs. **Boggs**. Thank you very much, Madam Chairman.

I too would like to join in expressing all my reminisces about and my gratitude to the Kennedy family for the work that they have done through the years. I also want all of you witnesses to know how proud I am of you. I have eight grandchildren, and I know their leadership potential, I know their problems and I know how they have helped to overcome them. I have always felt there was a special sort of pact between grandparents and children, sometimes a closed organization against parents and sometimes an open one to try to understand parents.

But I do know that your generation is one that can solve problems and can help each other to solve individual problems. I am extraordinarily proud of each of you. I noticed, Lee, in your testimony that you did recognize grandparents because you said you had "wisdom acceptance of the elderly." Will you elaborate on that for me?

Mr. **Oakman**. I did a talk on wisdom acceptance of the elderly. I believe by talking to older persons in our communities we can learn something about life and learn to see things from a different perspective.

Mrs. **Boggs**. Do you have a program that encourages that?

Mr. **Oakman**. This year in our Future Homemakers of America chapter we were thinking of starting an Adopt a Grandparent program.

Mrs. **Boggs**. That is a wonderful idea because it not only helps your peer group but it helps the elderly very much as well.

Ronald, in that regard, I am aware there is a great deal of violence that occurs against elderly people. In working with your teen peers do you stress that violence should not occur among other family members or older people in the neighborhood, et cetera?

Mr. **Menard**. Well, the crimes that used to happen in my neighborhood, used to happen, kids would go to an old person and if that person had money, if it was night time, five of them would jump on the person and take the person's money. But lately, we are supervising them along the way. It is really being reduced.

Mrs. **Boggs**. That is wonderful that you do that. The real problem is, as you say, purse snatching and all those sorts of things and violent acts that occur not only deprive the elderly of their money but it also hurts them physically.

Mr. **Menard**. Yes.

Mrs. **Boggs**. You know it took the efforts by the Students Against Drunk Driving to help lower the rate of death among teenagers from automobile accidents. The fact that you have recognized that homicide, which is the ultimate violence, is now the greatest threat to the lives of young people. You can be assured that being able to encourage your peer groups against violence can reduce the number of deaths by homicide.

That is really a wonderful service that you are rendering. Each of you is rendering a remarkable service. We are grateful to you.

Felicia, I salute you especially. You are making certain that the next generation is going to be as trustworthy and vigorous in their defense of human dignity as your generation is. I thank all of you very, very much.

Mrs. **Boxer**. Thank you, Mrs. Boggs.

We are going to go to Mr. Wise. We have been joined by several Members, Mr. Slattery, Mr. Espy, and Mr. Skaggs. We will hear from Mr. Wise and then we will see if any of you want to answer Mr. Durbin's questions of where we are wrong in perceiving the problems of kids and then we will move to our other colleagues. Mr. Wise.

Mr. **Wise**. Thank you.

I want to join with the others in thanking you very very much. Jennifer, you said you wanted to be up here. As one of your elected Representatives from West Virginia I hope you are here one day.

We need good leaders and the talents that you could bring to this body would be crucial.

I am glad all of you are here. Where you are sitting now is where people come and testify about what should be in the budget. The budget is a statement of what we believe in, what you are spending money for in the order that you believe in. It's very similar to the questionnaire you sent out. The budget is how much do you spend for education, children, defense, health care, et cetera.

I hope that the testimony you have given today, rings in this room and stays in this room for some of those who will come to testify after you in the next year.

They need to hear the testimony that you have given. It is easy to hold up a sheet of paper and say this is black and white, we will cut this program and we don't need as much in education and we don't need as much for other programs that you have talked about. But we are hearing you say what it means to you. You are making that alive.

Jennifer, in your work on homelessness in your area, I am farther south of you in the Charleston area, but in your work on homelessness have you noticed whether the problem is increasing, decreasing? Have you seen any changes in the last couple of years?

Ms. **Gamble**. Martinsburg is close to Washington, DC. We get a lot of city people in our community. Most homeless in our community that I have seen, it varies. You can never put a number on how many there are at a time because they are always moving, always drifting.

So you can't really say. I think that in the United States as a general rule that the homelessness is increasing because as the housing, the price of housing increases more people cannot afford a home and that often comes to homelessness.

Mr. **Wise**. What about the number of children? Have you seen—do you see a large percentage of homeless children in the work that you do?

Ms. **Gamble**. Yes, I do. One of the largest numbers of homeless people are single women and children. You see a lot of young children but a lot of the parents are young too. That kind of goes into the same group.

Mr. **Wise**. I have noticed that homelessness is increasing. It is striking. I walked downtown in Washington last night and saw four people on various steam grates. We ought to be able to do better than that in our society.

I don't have to come to Washington to see homelessness because I can go up any hollow in my area of West Virginia and find people living in cars or living in shelters. I hope that you are sitting here one day Jennifer. Thank you.

Mrs. **Boxer**. Thank you, Mr. Wise.

Okay it is time. This is a little like the Geraldo show. Identify yourself.

Ms. **Shimomura**. I am Joby Shimomura. I wanted to reiterate the major importance of utilizing young peoples' valuable resources. I think it is absolutely critical that young people be included in that discussion and decisionmaking process of legislation, policy and programs that affect children and youth.

Take today, for instance, it is wonderful and absolutely fantastic that these young people have the opportunity to speak in front of you. It should not be a once in a lifetime opportunity. Dialogue between decision makers and young people in this country has got to go on on a regular basis.

Who are the experts when it comes to drugs in schools, the students are. Teenage pregnancies, the experts are the teenagers. We have to tap into these resources on a regular basis. This concept of utilizing young people as resources, actually doing that, is more popular on the local level in the cities and maybe on the state level. But I think it is time to see that happening on a national level. We need to see action and movement immediately.

Mrs. **Boxer**. Who else?

Mr. **Garcia**. I am Enrique Garcia. On contraceptives there is a fight between the parents and the Government about this. The parents and the Government don't recognize that maybe the students don't have the knowledge about how to use this contraceptive. Indepth about sexuality and contraceptives needs to start in the grade school time.

Today no person can get a good job without a good education. How does society expect us who are overwhelmed by problems of drugs and school as well as the peer pressure of having sex to make good decisions without the knowledge that we need to make these decisions.

Although people get a lot of heat for starting sex education at an early level, if we start it basic and move up as the children mature, they will have the problem solving skills and the information they need to make these very important decisions.

Mrs. **Boxer**. Yes, in the red plaid shirt.

Ms. **Snell**. I am Susan Snell, a representative from New Jersey. I think we are missing something here. Most adults don't realize children have stresses in their lives. That is the reason we have teenage drug and suicide and stress problems.

There are many stresses from outside sources and from ourselves during our everyday lives. Children reach to drugs and suicide as a retreat. We need to look at ways to give these children other retreats and also to help them learn to deal with the stresses.

I am part of a program called KIWKIS, Kids Intervention with Kids in School, a peer leadership program. We help our younger peers learn how to communicate, to deal with their stresses and their peer pressure and how to make more constructive decisions.

It is very important for children to have these social skills. Many of them are not taught in the home. Before they can go out and deal with whether to take drugs or not, they have to be able to deal with this pressure. You need older students showing them how and having them practice how through role playing these skills.

It is very important that we use older students because during the early teen and preteen years children turn to their peers for what behaviors are acceptable and what behaviors are unacceptable. They don't listen to the adults. That is the fact. It ends up if their friends are doing drugs, they do drugs. If their friends are involved in the dramas, they become involved in the dramas.

We really need to hold on to what is an unused resource in our country, the children. We have to have older students reaching the younger students. Thank you.

Mrs. Boxer. Thank you, very much. That was terrific. Yes?

Ms. Dyson. My name is Freida Dyson from Pennsylvania. I would like to thank you, the committee Members and especially Congressman Kennedy for this opportunity to share my thoughts.

I would like to expand on one issue we have touched on today. When signs are posted in front of schools to warn drug pushers this is a drug free zone, the situation has gone too far. What has been in the past the norm, a drug free environment, has now become the exception.

I am not trying to be critical of the Just Say No campaign that has been launched across America, but it is evident to me that saying no is not enough. The young people of America need something to say yes to. The easy answer would be clean minds and healthy bodies. Not that the benefits are not important but what I have sensed among my peers is the general lack of direction and purpose.

Not only have drugs become an escape to the difficult pressures in our lives but the suicide rate, especially in Pennsylvania, is escalating due to a sense of hopelessness.

Without positive influences and someone there to provide stability and encouragement the trend would not change. This is the message we are sending to you our leaders.

In tomorrow's future we need your aid and support, financially and emotionally, and any other way you can provide it. It is evident we did not wake up one day to a drug ridden nation. We are not going to get out of this overnight. We need to work together.

Mrs. Boxer. Thank you.

We are going to continue this until a quarter of the hour and then all the adult witnesses will come up at once. That is No. 7. We are going to start with Mr. Speach. We will continue for another 6 minutes.

Ms. Stith. My name is Keisha Stith of Bronx, NY. I am a single parent. I have a son 3½ and he is really big. I just want to say that a lot of people think that only teens get pregnant, but I was not a teen yet. This education needs to happen in lower grades. They say 12th grade, teach them sex education, but it needs to be taught sooner.

Day care, I was separated from my son, I had to send him to Virginia because I could not find day care for him. It was ridiculous. There was a year's wait on the waiting list. I had to send him down there. It is really hard now to find programs to put them in. You cannot even sit down and watch television, Sesame Street, and teach them yourselves if you want to go to work. You need time to spend with these children, the education for the kids and the day care is good but I think there needs to be more.

I think kids need to be pushed a little more. Teenagers need to be pushed a little more in school, education about everything, more education; more vocational training programs. I think that they are really, really important in order to make it in society today.

Mrs. Boxer. You don't think education at a young age will not increase the sexual activities of young people? You think it will prevent pregnancies?

Ms. Stith. Due to a lack of knowledge of why I got pregnant, I didn't know anything about birth controls, you did what you did and whatever happened happened. That is how it was. Once it happens, it is not a reverse but on where you can press it and it is gone. After you have that baby, you have that baby and that is it. If there is a GED opportunity, grab it.

If there are any opportunities grab them because that is really important if you want to make it in today's society.

Mrs. Boxer. Thank you very much.

Mr. Burrell. I am Tony Burrell from Iowa, Des Moines, For three summers I worked with an apartment complex called the Homes of Oakridge. This is a low-rent housing complex. It has what is called a skill center. It is like a little school. It is a three-room school. It teaches the youngsters from ages 5 to 14 during the summer and after school on how to better yourself.

I think there needs to be a real incentive for the children because I remember when I was in kindergarten or first grade when you did well on a test you got a piece of candy. Once you got in the fourth grade, a sucker was not what you really wanted if you did a good job.

I think there needs to be incentive for the youth because education is important. We are going to be running the world in the next 10 or 20 years. If we do not have a good education, America will not be first in the world.

Mrs. Boxer. Absolutely. Thank you. This is so good I don't really want to stop.

Ms. Peterson. I am Serena Peterson, southeastern Ohio. There has been a lot of attention to drugs and the Just Say No campaign. I am a recovering alcoholic and drug addict. There is more than just saying no. More times than not it is a consequence of society and environment.

They were born around it and they grew up with the families doing it, they do it in front of them, deal in front of them. They grow up with it and they don't think that is wrong. They just think it is there.

I grew up with it. I never thought it was wrong. If I asked for a beer, I got it. It was not wrong to me. It goes deeper than just saying no. You have to teach them how to say no. You can't just say no. That sounds difficult; it is.

Mrs. Boxer. In other words, what you are saying is that when your family is doing this, it takes a lot more to stand up to them than a simple phrase. You need more support. Thank you very much for that.

Two more and then we will stop.

Ms. Lunn. I am Nichole Lunn from Maryland. I want to say that Congress, people up here, they say all the drugs are happening in the inner city. I live in the inner city but they are also happening in the suburbs and everything like that of course. There is an incident that just happened, a freak accident. One of my girlfriends I had just seen last Friday, her brother shot here while playing with a gun. The bullet almost hit her boyfriend but it hit her. They could not save her at the hospital.

When something like that is going on, something is totally wrong. Her brother is a drug dealer. She had the potential to make it. Her mother was an addict. She seemed like she was going places but one time I talked to my mother and I said I don't understand. God is supposed to have a purpose for everything he does. For this to happen, my mother just said, well, it probably was a freak accident but all that went on around her, her father was not around, but she was not anything like her mother because I guess she learned from her mother's mistakes.

Another incident where they set a guy up. He used to be involved in drugs. He was trying to get his life together and got his GED. They set him up, left him on a side road. This is like a year ago but the girl just happened and everyone was like really shocked.

Mrs. Boxer. So you are worried about young people who are trying to break away getting cut down.

The last comments from a person in the front.

Ms. Miller. I am Tracie Miller from upstate New York. I would like to speak on education. Education is lacking in this country. How can our budget for education be less than our budget for defense? On a scale of 15 industrial movers why are we 15th in that poll? We need to not only in the traditional way of education, mathematics and sciences but also an experience like this. Have we lost the Roaring Twenties, the exciting times when we were No. 1? Are we ever going to come back to that? If we are, we have to change now, not 10 years from now, but now. That is all I would like to say.

Mrs. Boxer. Thank you. Thank you, very much.

Mr. Durbin, I am going to give you the privilege to react to the responses we just heard because you did not make many comments, then I will call the adult panel up.

Mr. Durbin. I can't add anything to what you said. I am glad you came to share it with us. Take the message home that there are people who need to hear this. You have to get involved, elbow your way in, meet your elected officials and ask them the questions. You will get some response. But you have to keep pushing.

Mrs. Boxer. Thank you Mr. Durbin for your idea that turned out to be wonderful. I thank the panel for all your testimony. All of you out there who joined in, obviously we are going to be okay in this country because of you.

Now we will ask you to step down and ask the adult panel to come up. We will lead off with Dr. Speach.

Remember young people, you have 2 weeks within which to get your written testimony in the record. It will be included in this hearing and you can show it to your grandchildren.

Dr. Speach, I understand you need to leave at 11 o'clock. Why don't you go ahead. If we have questions for you we will ask them and then the rest of the panel will be heard. If you could speak within 5 minutes, we would appreciate it.

STATEMENT OF STEVEN F. SPEACH, Ph.D, DISTRICT SUPERINTENDENT, OCEANSIDE UNIFIED SCHOOL DISTRICT, OCEANSIDE, CA

Mr. SPEACH. Thank you, Congresswoman Boxer.

I first want to commend you for inviting the students to be here today to give testimony. I think that is an outstanding move on the part of the task force and the committee.

I appear here before you as superintendent of the 16,000-student Oceanside Unified School District. I am also president of the California Impact Aid Association, which represents 300 school districts and over 2 million students in federally impacted schools.

We are deeply appreciative of the assistance of the Federal Government in helping us meet the diverse needs of the children and their families in our community. Oceanside has an estimated 117,000 residents and the number increases every day. We are a community comprised of a broad range of families from very diverse socioeconomic and cultural backgrounds. I would like to take a moment to discuss with you some of the special and urgent needs of children from three significant and distinct populations within our district.

Some 5,000 children come to our schools from families affiliated with the Marine Corps at Camp Pendleton. They are families who make vast contributions to our district, and we enjoy outstanding cooperation and support from the military authorities at the base. Through frequent moves, many base children never know the continuity of one classroom and one neighborhood. Their parents may have come in for a 6-month training period and the families move off. So the mobility rate is very, very high. Many times the homes lack a father and male model for long periods of time. The students many times require special attention to maintain their academic and personal progress.

A second distinct group is migrant families. Many of them are homeless. Others live two, three, even four families in a single home or apartment. Adults in these families may neither speak English nor be literate in Spanish. This fall we enrolled teenagers in our high schools who had never been to school before. Health care usually has been inconsistent or nonexistent. In the past 2 years we have conducted tuberculosis testing for hundreds of students in two schools because new classmates were afflicted with the disease. Hepatitis also is a continuing concern.

We see large numbers of children in pain and at risk from a third population of our community. This is the lower working class for whom economic survival is often the primary or seemingly the only priority. Their attitude toward their children's schools ranges from antagonistic to apathetic. Their neighborhoods are plagued by gang rivalry and drug sales. Inevitably, the pressure and violence of these problems spill over onto our campuses. Drugs, of course, know no societal barriers. Nor do child abuse and neglect. We battle these curses on our youth literally on every school campus.

Another tragedy which afflicts all levels of society and which is eating away at the economic fabric of our Nation is the dropout problem. There is reason for modest optimism regarding the Nation's efforts to keep the young people in school. A study just released by the U.S. Department of Education shows that 2 percent fewer 10th to 12th graders dropped out of school over the past 3 years than in the previous decade. The percentage of the Nation's 16 to 24 year olds who are not in school and have not completed school is 3 percent lower than 20 years ago. The dropout rate for white and black students is down slightly in the past decade, and the hispanic dropout rate has remained steady.

In California, dropouts exceed the national average. Between their sophomore and senior years, 22.7 percent of the class of 1988 dropped out of school. Even in relatively affluent San Diego County, which includes my district in Oceanside, the rate is 20.1 percent.

What is the price that we pay for students who fail to finish school? A recent study by Harvard economist Richard Freeman shows that the real income of the high school dropouts declined 15 percent between 1973 and 1987, while the real earnings of the rest of the population increased an average of 30 percent.

In addition, the percentage of jobs available to those with only a high school education is declining. By the year 2000, 65 percent of all jobs will require training beyond high school, compared to 54 percent now, according to a study by the American Society of Training and Development. We must assume that the situation for the dropouts is even more severe.

Young people don't drop out of school suddenly; they do it a little at a time, beginning in their elementary school years. We can recognize the telltale signs of children at risk in their early years, and we must intervene at that time. The Leadership Children's Package includes several programs that provide vital services to children and their families. Each of them could be described as a plan to combat the dropout problem because they help ensure a child's success in school and in life.

We can continue to make gains against dropout statistics. But we must maintain our commitment. We must stay the course. Reduction or elimination of programs our children need may save a few dollars today, but we can ill afford the inevitable cost measured in wasted lives in future years. Preventative action is more certain of success, far more cost effective and infinitely more humane than remedial efforts. By providing children with the support necessary to enhance their physical, social, emotional and intellectual development, we prevent learning disorders, we prevent a life of welfare dependence, prevent drug abuse and this children's package represents a successful strategy. I give it my full support and thank you for allowing me to testify.

[The prepared statement of Mr. Speach may be found at end of hearing.]

Mrs. BOXER. Dr. Speach, we thank you.

I am going to ask you a couple of questions fast here. We heard a lot of the young people talk about the peers programs. That is something that I believe has a tremendous amount of potential here. Not only can you match kids together, but the peer person, the one who is giving the counseling, a person who has made it despite all odds, perhaps, who needs a job instead of going to McDonald's after school, can actually get paid through one of these programs as peer counselor. Do you think that has potential at an early age? You say you can identify at-risk kids early. At what age would you stop matching them up if you believe this is a good approach?

Mr. **SPEACH.** The contemporary term in education these days is called cooperative learning. It is a type of peer assistance and peer coaching where students work in groups. This can begin at the early elementary level. In Oceanside we have a formal peer counseling program that takes place at the high school level.

However, that can be worked down to the elementary level as well. We also have peer tutoring where high school students are bussed down to the junior highs and to the elementary schools for assistance with academic and social and emotional counseling as well. It is a very viable concept. It is in use in several schools.

Mrs. **BOXER.** Do you pay those older children?

Mr. **SPEACH.** No, we don't, no.

Mrs. **BOXER.** What I was working on with Representative Williams from Montana was a program where there would be funding for this type of program with a teacher's supervision and also paid extra to be supervised. Do you think that would work?

Mr. **SPEACH.** Yes; currently we offer credit for those students in that type of a program.

Mrs. **BOXER.** Very good. Mr. Miller.

Mr. **MILLER.** If I might, I was talking earlier about peer counseling, which intrigues me also. Does that include all of the life skills? I mean do you use that for kids that are in trouble?

I think when we listen to the brief panel and the young people in the audience, I don't have any questions about their values, but I certainly have a lot of questions about the stress that they are under. I wonder, does the school district allow them to get into peer counseling for drugs or pregnancy or suicide or problems at home or what have you? Are we just talking about cooperative learning in terms of helping one another?

Mr. **SPEACH.** At the high school level where we have the peer counseling program, it is monitored and supervised by the head counselor at the high school. One of the difficulties in operating a program like that is the potential for liability in terms of one student giving advice to another student that may result in some type of a problem. In some cases it could result in a disaster. You have to be very, very careful and it has to be monitored very closely.

In order to do it on a large-scale basis, it would take probably in the neighborhood of, I would say, one adult counselor for every 10 or so of the peer counselors so that they could monitor and keep track of what was going on and the type of help that was being given.

You know, we are dealing with some serious problems, as you heard here today from the students.

Mr. **MILLER.** Do you have the resources to do it?

Mr. **SPEACH.** No, not with the current State and local funding, no.

Mr. **MILLER.** Thank you.

Mrs. **BOXER.** Thank you very much. Mr. Kennedy, any questions?

Mr. **KENNEDY.** I have no questions at this time. I apologize for not hearing your testimony, Dr. Speach. I had to be out in the hall-way with all the kids. I apologize. Let me listen to the other Members and hear your answers. Thank you.

Mrs. **Boxer**. Mr. Slattery.

Mr. **Slattery**. I don't have any questions at this time either, but I may have some when all the panelists finish.

Mrs. **Boxer**. Dr. Speach, I really do want to thank you for coming.

Mr. **Miller**. I have been to your, not to your school district, but I have been to Oceanside and to the environs.

Let me just ask you, you talked about two, from our other work in the committee, fairly difficult populations. That is migrant and military families that have a whole set of, not only the same problems as other families, but they seem to be more magnified to some extent.

A lot of times we hear in the Congress that we are asking the schools to do more and more and more and that the schools should just be teaching basic education or educational skills and that we have overburdened them.

You are not getting a choice in this matter. That is your attendance area, if I remember the geography there. Your attendance area is made up of essentially high-risk families and families that are under additional stress for a whole series of reasons.

I guess what I am troubled about is you don't get a choice, but you don't get the resources to deal with them either, as I understand it.

Mr. **Speach**. That is the point. Where Federal policy dictates the type of population that you serve, then Federal policy should assist with funding the type of program that we need to offer. Some of the things that the students were mentioning we do.

We begin our family life education program in the 6th grade. We have a teen mothers program. We have a child care program. There isn't a child, there isn't a teen mother in Oceanside that cannot get a high school education. We provide child care. They come to the school, we have——

Mr. **Miller**. You don't have this intrusive on the traditional family?

Mr. **Speach**. No, but we can't do it with the traditional funding from the State. We need help in areas that Federal policy affect us.

The Immigration Reform Act, has had a tremendous impact on us. We get families from Central America, Mexico, Southeast Asia and so on. We are expected to provide bilingual programs, English as a second language programs, and that is wonderful. We will do it. But it takes additional funding to get that done.

Mr. **Miller**. I assume the Immigration Act has caused increased enrollment because parents will now come forward without fear?

Mr. **Speach**. Very definitely. They have no fear of the immigration officer coming to pick up their children at school. That is another.

The drug abuse education, we have a formal program called Here's Looking at You 2000. We begin that in the kindergarten. It goes through 12th grade. We have another that we cooperate with the Oceanside Police Department. It is called Drug Abuse Resistance Education. DARE is the acronym. That is an intensive program by police officers in our schools. We have school resource officers on all of our campuses doing the drug counseling, as the one young lady indicated today.

I have attended several of the seminars the school police officers do. When asked if they have any questions, invariably a child will raise his or her hand and ask, What do you do if your mother smokes pot? What do you do if your mother takes cocaine?

That problem is pervasive throughout society. School is just a reflection of that society. We are doing all that we can to help in terms of educating students in addition to trying to provide an academic program for them.

We are not saying to you, Congressman, or to the public that we don't want to take on any more responsibilities. If we do, we need the type of, you know, the type of funding that, just a simple example would be the Federal school lunch program.

We serve more meals in the Oceanside school district than all of the combined restaurants in the city of Oceanside do on a daily basis. There is funding for that, there is assistance for that.

Actually that is a program that we think is very vital because many of our students do suffer from poor nutrition. That provides an opportunity to do it. We do not begrudge doing it as long as there is the funding there to assist and help us to provide that type of a program.

Mr. **Miller**. Thank you.

Mrs. **Boxer**. Thank you, Mr. Miller.

I just want to say that you have been very, very helpful. You are on the front lines in handling all these social problems that these kids talk about.

As you point out, many of them are a direct result of our policies, be it immigration or the fact that we have an Air Force base or an Army base in your district. So we can't walk away from it. I think that you have made that point very eloquently.

We look forward to working with you as we develop a budget that may reflect the type of needs that you speak about. Thank you very much. Have a good flight back.

Mr. **Speach**. Thank you very much.

Mrs. **Boxer**. I am very delighted to welcome the rest of you. We are going to introduce you each one at a time.

Dr. T. Berry Brazelton, the president of the National Center for Clinical Infant Programs. I want to say that we are happy to see you back here. I know sometimes you think that we are not listening. We are listening.

There were many Members here who had to leave for an emergency issue on the Appropriations Committee. If they are not here, it is because they were called away. We ask you to speak to us in your wisdom for about 5 minutes.

Mr. **Miller**. I want to extend my apologies. We have a whips' meeting on day care which we hope to get to in a week. I assume you understand that. I will come right back after that meeting.

Dr. **Brazelton**. If you leave, you better win.

STATEMENT OF DR. T. BERRY BRAZELTON, PRESIDENT, NATIONAL CENTER FOR CLINICAL INFANT PROGRAMS

Dr. **Brazelton**. Mrs. Boxer, you took away the first sentence I had to say. The lack of people here, I feel like I am talking to the converted already.

I really feel that getting these kids together and having Joe Kennedy start off the National Children's Day is one of the most exciting and important things that could happen in the United States. Yet, look how few of you, except the converted, are present today as we talk about it.

Mrs. **Boxer**. Seriously, there were about eight others, and they did hear the children.

Dr. **Brazelton**. And that was the most important thing you did today. I wish we could have heard every one of them. I thought they were so exciting and had so much passion and were pointing out to us that our society has got the wrong values.

We have put our money and our backing at a national level in the wrong values. I don't think parents today are children would buy no aggregation and power and money as the appropriate values for the USA today.

These kids were telling us what a stress it is. They are the survivors in a culture that we have sold short, it seems to me. These kids are showing you what kinds of strength it takes to survive in a culture that doesn't believe in families or children.

We are the least child oriented society in the world and the least family oriented society in the world except South Africa, and yet these kids are survivors. They ought to be showing us that they have got the strength in this country if we are willing to pay attention to it and put it to use.

I hesitated to come down today because I say the same thing every time I come, that families in this country are really hurting and they don't feel like anybody is listening, and here is another example.

Really the schools can pick up responsibility and these teenagers can pick up a lot of responsibility. We need to start earlier than that. We need to back up families. We need to back up families, so one of the kids said everybody will listen as they are. I thought that was a beautiful statement.

We need to hear everybody as they are and to think about what we can do in this country, in this rich country to prevent and to backup families at an appropriate time. My own thesis is we are waiting too late to start putting Band Aids on various aspects that we are facing.

The whole drug situation, we are waiting until we already know teenage pregnancies and are into adult pregnancies with kids, with people who are addicted. Now in Boston 20 percent of the babies at birth are addicted.

These kids have a very serious future ahead of them. They have—I went down to play with one for national public radio the other day trying to educate people about what they look like, and this baby was absolutely frantic, unreachable.

You couldn't do anything to help this baby unless you swaddled her completely, tied her up so she couldn't move and then forced her fist into her mouth. And at that point she looked up at me gratefully and sighed, and her color came back and she started breathing again.

She had gotten to the point, which a lot of them do, of stopping breathing. What I really wanted to do was take this baby and a normal newborn and make every teenager in the country hold these two babies and say which one do you want.

I want to take it to every adult in this country. This is not just a teenage problem. It is an adult problem.

The drug situation in this country ought to scare us all. I say we are up to 20 percent. We are in the Boston City Hospital. In the middle class hospitals it is not quite that high yet, but it is climbing rapidly. In Chicago it is 25 percent.

They tell me it is over 50 percent in Miami. These are kids that are not going to be able to make it in our society, and we have created the pocket. So I guess what I want to know is how can, how can these kids tell us to change things?

I think we heard a lot of them talk today about how our value systems have not respected the struggle they have had to put up to make it.

I would like to talk about how do we get back to the struggle that really should concern us all. I don't think Russia is our biggest adversary and I don't think Nicaragua is. I don't think Central America is. I have just been down to Brazil. I see that Brazil is telling us what we are headed for. It is a desperately frightening country, and yet we are just as close to this situation they are in as I can conceive of because we have not paid attention to appropriate values.

It seems to me that the biggest danger to our society is in our family. We need to support families. We have not been doing it because we wait until they show their failures and then put the Band Aids on. We could do so much better than that.

We know a lot about prevention. We know what it takes and we know what people need. We know what these kids have been through as they tell us. We know the ingredients of it.

We are not an uneducated society nor an unsophisticated one, and we have the resources. All of that makes me frantic when I come to Washington. I don't like to come down here.

It makes me very uncomfortable about where we are headed. When I hear that the neonatal mortality for the year climbed to twice what it was last year because of drugs and because of the kind of unreaching of these people at risk, I say, yes, like they do in Brazil when somebody shoots one of their kids.

They say, yes, that is what we deserve, it is what we deserve. We are about to get in more trouble than we can afford.

I think there are some things we can do. I wrote them out for the testimony Joe asked me to write for his pamphlet because I thought it was such a wonderful survey. It pointed out so well that the pockets of poor health and the inadequacy of reaching these kids for health and people in pregnancy was really tied to poverty, people who were disillusioned, all the rest, if you look at his report, it is as simple as that.

If we have not reached people by the time they get pregnant, They don't respect their pregnancy or their future baby. If we don't reach people when they are in trouble because they never have gotten reached by our society before, they don't turn to us until they are in deep trouble rather than when we can prevent things much our medical system at present is a deficit model.

We only are concerned with illness and not the opportunity to make relationships with people when they are beginning to get in trouble. I think these kids told us the same thing. Our society is based on a deficit model of Band Aids. We don't need to do that.

There are some times in my own work which show that if we spent 10 minutes instead of 10 hours on a set of parents and pregnancy, they could begin to feel good about themselves. They could begin to value themselves and their pregnancy, and they would be responsible to the outreach systems that we provide.

I think we could go through the whole childhood and show you that parents would feel backed up, would feel empowered, would pass that empowerment on to their children if we respected them at certain stress periods in their lives. Pregnancy is one of them.

The next one is around the new baby and the opportunities to help them understand new babies who are not quite normal, who are deficient, who need to be respected as they are.

If we were there with parents in 10 to 15 minutes we could make a significant difference to the parent's future and to that baby's future.

The next opportunity comes with day care, with appropriate day care for every kid in this country. I don't even want to call it child care.

I want to call it family care. I think my biggest objection to the bills that you are going to be voting on tomorrow is that they talk about child care and not about what it means to families to have this kind of backing and to have this kind of support from the Nation and hopefully from their State governments.

Families who are stressed right now by both having to work or families at home, and these women at home are just as stressed as women in the work force, and they are a rising group of women. You all better be paying attention to them.

All of them need a situation where they can go from time to time, leave their kids, and go off and shop or whatever they do, but get time for themselves to reorganize and then come back to a peer group. I would like to think if these centers as family resource centers for all parents.

It seems to me that the stresses on parents today is reflected on the stresses in these kids. If we can begin to back them up for their strengths rather than for their stresses, I think we can make a difference. I think our educational system shows, too.

We can educate kids at any age and we can educate then well if they come with the proper emotion backup. So this is my plea.

What about changing our priorities at the national level and setting them up to think about how we can support people for strengths. We had a good example of it this morning.

[The prepared statement of Dr. Brazelton may be found at end of hearing.]

Mrs. BOXER. Thank you very much.

That is the purpose of this hearing. That is why the Budget Committee and the Select Committee teamed up, which is fairly unprecedented, because we are looking at making this next year's budget more reflective of the things you are talking about.

The other point I want to make to you, Doctor, is don't give up. We are trying to turn around the Ship of State. That is worse than turning around the Queen Mary. It takes a little work, a little time and it takes representation.

You know George Miller's committee has repeated the same thing for 4 or 5 years now. The report card that Joe Kennedy handed us underscores it. We have to say it in every way. The fact that the media looked at these kids today, you are all helping call attention to it.

Before we ask for any questions, I think we are going to go through the rest of the panel.

Ms. Zieike, you are taking Ann Lynch's place. You are from the National PTA. We welcome you and ask you to summarize in 5 munutes.

STATEMENT OF ARLENE ZIEIKE, VICE PRESIDENT, LEGISLATIVE ACTIVITY, THE NATIONAL PTA

Ms. Zieike. I am Arlene Zieike, vice president of legislative activity of the PTA. We have all been touched by the testimony of the young people today who describe the hardships they face in their lives.

These are the concerns of the PTA. These young people are resourceful and they are resilient. We would not have to worry about the future of America if we cold remove some of the barriers that they face so they could be the people they want to be and grow up in a world without those stresses.

It is symbolic your two committees should be jointly conducting a hearing commemorating the National Children's Day. Our National PTA president is honored to serve on the presidential advisory committee commemorating National Children's Day and to join Representative Joe Kennedy in order to highlight the conditions of the Nation's children.

We hope this effort will compel the Congress, the President and the Nation to act with vigilance, courage, and compassion on behalf of America's children. The child we neglect and abuse today will not come back and thank us for our neglect.

Our throwaways don't disappear without making their human presence felt. The House Select Committee on Children, Youth, and Families, in their report identifies many of the same warning signals affecting children and families we raised in our paper.

I would like to respond to the deficit reduction on children's programs and they are numerous. First it is our children and their children who will be paying off the deficit and in many cases for programs that serve the needs of an adult population.

Representative John Porter estimates that while many of us will receive from $1.30 to $1.50 in government services for every dollar we contribute in government taxes, our children will receive only 72 cents for every dollar.

The difference will be allocated to pay for the national debt. Finite resources may serve to create an intergenerational conflict with the young and the old fighting for existing resources.

Third, the Congressional Budget Office estimates the Federal share of total expenditures for elementary and secondary education has declined from 8.7 percent to an estimated 6.1 percent in fiscal year 1988.

While the National PTA believes that the local and State levels should primarily fund elementary and secondary education, the Federal Government must maintain its primary role of assuring equal educational opportunity and access for all children.

Children's programs are not entitlements and therefore are the most vulnerable, the easiest to gouge and the most tempting to cut of the $80 billion in nationally occurring revenue for 1990, the Department of Education allocated one-half of 1 percent of the total. Children did not create the Federal deficit. In return we should not balance the budget on their backs. Surely if we can find more than $60 billion of budget for S&L institutions, we can fully fund Head Start and Chapter I.

It is a national disgrace that after 18 years, Head Start money serves less than 20 percent of all eligible children and that after 25 years Chapter I funding serves only 40 percent of all eligible children. The National PTA believes there is no one program that can address a multiple range of child and youth develolpment needs.

In a study by the William T. Grant Foundation entitled Youth in America's Future, the report concluded there is no coordinated, comprehensive long-term national action agenda consolidating and devoting Federal resources toward youth. While the President and Governors are meeting to discuss goals and plans for education, it is essential those goals and plans be coordinated with other needs such as health, protection, safety, shelter, and nutrition. Agencies that service children both within and outside the Federal Government must act to cooperate rather than compete for turf and resources.

The Leadership Children's Package is a coordinated effort that establishes a Federal child policy and is supported by the National PTA. The five part initiative includes early childhood health, education and development, compensatory education for at-risk students, fighting dropouts and drugs, enhancing competitiveness and strengthening higher education.

These programs are not expenditures but wise investments. Significant savings have been documented for such investments. We have got to get beyond the senseless congressional battle about who should fund child services.

We believe State and local governments should have the primary responsibility, but the Federal Government must be a partner in assuring equal opportunity. There are resource inequities between States and regions of this country, the kind of services a child receives becomes more dependent on the income level of their parents and the community in which they grow up.

How do we bridge the gap between our knowledge about children and our commitment to doing something? We cite how we were able to rebuild Western Europe and Japan after World War II; we were able to rescue Greece and Turkey from communism with the Marshall Plan; we were able to rescue teachers and revitalize their programs through the National Defense Education Act; we were able to connect cities and towns with a national highway system; and we were able to send a man to the Moon.

On September 25, 1989, the National Alliance of Business comprised of the Business Roundtable, the U.S. Chamber of Commerce, the National Association of Manufacturers, the American Business Conference, and the U.S. Hispanic Business Commerce stated: "The strength of the American economy rests on the strengths of America's public schools. All sectors have a responsibility for the current crisis and all—business, educators, parents, public leaders—need to assume responsibility for overcoming this crisis."

After a decade of defining problems, reading reports, and compiling statistics, we need a national commitment no less dramatic and intense than we have for our prior national accomplishments. And for many of our children and communities, we know what works.

National Children's Week should serve to bring us together. It is significant that tomorrow House Members wil have an opportunity to be voting on a child care measure. We urge your support for H.R. 3.

To close, we must link the success of our children to the personal success of every American. We must impress upon the 75 percent of adults in our society who have no direct link to children or public education that when the lives of the least of our children are improved, we can assure a more productive, just and civil Nation for all of us. Thank you.

[The prepared statement of Ann Lynch submitted by Ms. Zieike may be found at end of hearing.]

Mrs. Boxer. We thank you very much. We are pleased the PTA is taking such a strong stand on this issue.

Now, it is my pleasure to introduce a gentleman who represents himself on this panel, but also represents a fine law school in the district which I represent, the University of San Francisco Law School, the Community Legal Education Program. He is the author of In Defense of Children. Thomas Nazario, we welcome you. Please proceed for 5 minutes.

STATEMENT OF THOMAS A. NAZARIO, DIRECTOR, UNIVERSITY OF SAN FRANCISCO LAW SCHOOL, COMMUNITY LEGAL EDUCATION PROGRAMS AND AUTHOR OF IN DEFENSE OF OUR CHILDREN

Mr. Nazario. Thank you for having me. I will try to keep this relatively short.

When writing my statement for the committee, it came to mind you had seen all the statistics. It didn't make much sense to do that same thing over again. After a while, you look at the statistics, and they kind of blend together. They don't make sense any more or the misery that children lead is so traumatic that we kind of toss it aside. It is too difficult to deal with.

So I came up with another plan for you, but first I want to tell a few stories. One of the things that happened after writing In Defense of Children is I have gone around the country and talked to a lot of people about it and have also gone around to classrooms and talked to kids themselves.

I visited in the neighborhood of about 20 classrooms a month. Over the course of the last 6 months, I have come across some kids that have really disturbed me.

One child at a high school in San Francisco told me a story. About a week before he was at a party, and there was a coke deal going on in the back of the party. A shot rang out, and his friend was killed as a result of apparently losing a quantity of coke. He was shot right through the head.

He knew who did it. The police were still looking for that person, and he came and talked to me about the problems going on in his community and wanted to know what he should do, should he turn in that person.

When I visit these schools, I talk about children's rights. In doing so, I hear an awful lot about the problems children have. I went to another school and talked about child abuse. In that school, a young person walked over to me after I had talked about the various kinds of abuse.

There was an article about it recently called the Ten Most Popular Ways of Abusing Children in America. I went through that list. One of the children started crying shortly after the class. I felt I had hit, of course, a sore note. She came over to me. One of the things I talked about was the problem of teenage pregnancy and the fact that teenagers who have no adequate care for their children at home sometimes run all over the place trying to find someone to take care of those children.

She had resorted to tying up these children at home in order to get to school. It was important for her to complete school. Her child was 3 years old. She felt if she didn't tie him up, he would hurt himself.

She had done that for quite some time. I mentioned that as being one of the common ways that young people, in fact all people, deal with the lack of adequate child care, tying children.

I talked about that because often, of course, when there is a fire, these children don't get away, and they are burned to death. That is what she got frightened about.

At another school not too long ago, a young person walked over to me and said—this young person was 17 years old—to my face, my father has been raping me for 3 years. He says if I tell anyone, he's going to kill me, but I cannot go on with it any more.

I had been talking about sexual abuse of children in that class, and she had to tell me. So again, we had to do a fairly elaborate referral and try to get this girl some help.

There is a lot of pain out there, a lot of suffering. When I visit these schools and talk to kids, I get some idea of what is going on. It was refreshing to me to hear some of the kids here today tell the stories that they lead.

One of the questions I almost always get from people on the Oprah Winfrey show and other places is, What is the most common problem children have? The most common problem is they have little power, very little access to people with power, they have very little voice. You gave them a bit of a voice today. I hope you continue to listen to them. They certainly need to be listened to. They are the experts.

I won't take much more time. I had an awful lot of other things to tell you, but there is a limited amount of time, a limited amount of people here.

In my statement to you, what I did—and I won't go through it, but I think it is interesting—what I did was try to give you a picture of 1,000 kids in America. I took the statistics, and I worked them out in such a way that if we had 1,000 children in this room, what their lives would look like.

How many would be born to this? How many would be born to that? How many would experience this? And as a result of this, how many would experience that?

In order to make you visualize what is going on, in order to make it at least a little easier—it is a difficult task to do—I tried to do that in my statement. If I had more time, I would do it with you here, but I wanted to instead just tell you some of the stories of the kids I have spoken to recently.

[The prepared statement of Mr. Nazario may be found at end of hearing.]

Mrs. Boxer. Thank you. You really are making an impact on some of the young people you teach. Some of their lives are really opening up because of the information you are sharing with them. Please continue your good work.

Dr. Donald Schiff, president, National Academy of Pediatrics. We ask you to summarize in 5 minutes. After that we will go to the budget people who are very key to this. Then we will open it up to the panel.

STATEMENT OF DONALD SCHIFF, M.D., PRESIDENT, NATIONAL ACADEMY OF PEDIATRICS

Dr. Schiff. Thank you very much, Chairwoman Boxer. It is my pleasure to be with you this morning and Members of the Select Committee and Members of the Budget Committee Task Force.

This morning, I was at a child care press conference where I lent the support of the Academy of Pediatrics to that effort. I commend it to everyone.

I am professor of pediatrics at the University of Colorado Medical Center and the president of the American Academy of Pediatrics. I am here to respond to this wonderful opportunity to not only hear children but to add our voice to some awareness of the increased needs of children.

I want to also commend the group and your foresight as you look forward to fiscal year 1991 and certainly the fiscal challenge is to provide sufficient money for critical Federal programs for our children during the time of fiscal retrenchment and certainly the prospects for creating new opportunities appear very bleak at this time.

I think I am not going to be discouraged by all that. We are going to look for every opportunity we can to increase what is available for children. I think, although I am a pediatrician and you would expect me to speak only to pediatric medical matters this morning, I want you to know that we are also in favor of what we might call a national policy for children. This is a recognition that our commitment to our future generation goes beyond simple health. We certainly are talking about that this morning.

We certainly learned that if we are going to have productive adults that children need nurturing, they need education, they need nutritious food, they need an environment free of harmful contaminants, they need a place in which they can grow and develop. I think that this committee's joint effort certainly should lead in that direction.

I want you also to know that there is some good news to report and that there is enough advancement in technical services and medicine so that our immunizations and other preventive health services where they are utilized can save children from experiencing many disorders and disabilities which have plagued us in the past.

Certainly there are new plagues on the horizon. The infant born of drug addicted parents living in poverty faces the prospect of abuse or abandonment by parents. They are also confronted by direct opportunities to use and abuse drugs, alcohol, sex, tobacco, cars, and guns. They are too often left to care for themselves and their younger siblings because working parents cannot afford or find child care.

As a nation, we believe we must shift public policy to reflect our commitment to children by providing the critical Federal support needed for health, social and educational programs. I am talking about money.

We believe the time has come for us all to not only declare our verbal support for infants, children and adolescents, but they must also commit the necessary fiscal and administrative resources.

The Academy has determined that its No. 1 priority for this year, and for the next several years, is to achieve access to quality health care for all infants, children and adolescents. As this Nation moves forward with the design of a national health plan, our children must come first. Resources may dictate a phased in approach and, in our opinion, this should be the age group of 0-21. Tough choices, but very necessary.

As child advocates and also as Members of Congress, you are faced with a dilemma, and that dilemma is how to make the very difficult choices you must make when you begin to look at the budget and appropriation cycle for fiscal year 1991.

I think we would all agree it would be shortsighted to fund one program area benefiting children by taking money away from other programs for child health or social or educational programs. All are important, and all are intertwined.

I am going to take my remaining few minutes to use the report card basis and try to hit some of the major elements that we think should be carefully dealt with.

First of all, immunization. The childhood immunization program must keep pace with the new development in recommended immunization. We can do that through the increased use of public health clinics.

We must also keep in mind the rising cost of vaccines. Public policy has now recommended a second dose of what we call the MMR, the measles, mumps and rubella. As yet, there have been no new dollars allocated to public health for this purpose.

The Maternal and Child Health Block Grant is another important aspect that must be funded. Injury prevention is very important. It is our greatest killer and crippler of children.

AIDS is an issue with which we are becoming more and more familiar with. Certainly funds must become available there.

We have been hearing about child abuse, one of the most difficult issues our society is trying to deal with.

Nutrition. We know that we are in need of spending more on the WIC program, and our Academy is highly in favor of that.

Let me conclude by talking about research for a moment. In every aspect of a child's life, there is a need for new knowledge. We must always, can always learn more. We have always supported biomedical and behaviorial research programs through the National Institutes of Health, through the Alcohol, Drug Abuse and Mental Health Administration, and through other specific categorical programs.

We feel not enough dollars are being spent on research, and we implore you to add those.

I know I have spent my time giving you a litany of programs which we feel need support, but they are all out there. They all need your support, and we look forward to speaking to you again on this topic. Thank you.

[The prepared statement of Dr. Schiff may be found at end of hearing.]

Mrs. **Boxer**. Thank you very much, Doctor.

It is my pleasure to welcome two witnesses who will deal essentially with the budget. Robert Greenstein, executive director of the Center on Budget and Policy Priorities, and James Weill, the general counsel of the Children's Defense Fund.

I will call on Mr. Greenstein at this time.

STATEMENT OF ROBERT GREENSTEIN, EXECUTIVE DIRECTOR, CENTER ON BUDGET AND POLICY PRIORITIES

Mr. **Greenstein**. Thank you. Let me start by commending you and also Congressman Miller on the leadership you have provided this year in the budget process on helping to ensure not only that a children's initiative became a leadership package, but much of it seemed to be structured to make its way through the legislative process and being transferred into reality. That package included a number of discretionary programs targeted at low-income children.

As one of the earlier witnesses mentioned, for children as compared to groups such as the elderly, for children, a much smaller proportion of the resources that are contained in the Federal budget are in the form of entitlements and a much larger proportion are in the form of discretionary grant and aid programs.

As well known, the domestic discretionary programs are the part of the Federal budget that has been squeezed the most over the past decade going from about 5.7 percent of GNP at the beginning of the decade to about 3.7 percent of GNP today.

We have analyzed those discretionary programs that are low-income programs that are either means tested or that primarily serve low-income people. For those, the appropriations level, the budget authority level adjusted for inflation has fallen 55 percent from fiscal year 1981 to 1989.

That figure is a little bit of a problem with it in that it includes the large drop in budget authority for subsidized housing, and appropriations may not be the best way to measure housing trends.

We also looked at all low-income programs excluding subsidized housing. There still the drop in real terms in budget authorities since fiscal year 1981 is 30 percent. Those programs disproportionately serve low-income children.

Included in that list are some programs that serve primarily low-income elderly, but those tend to have been cut less than 30 percent. If you remove them, the percentage decline would be even greater.

In the entitlement areas as well, when you look at the large reductions in the early 1980's in means tested entitlements, they were primarily means tested entitlements to children.

Some of the cuts that were made in the programs were designed in a fashion so they did not affect the elderly and disabled but affected everyone else on the program, while about four-fifths of everyone else on the program consists of families with children.

One of the biggest problems right now is at a time when data tell us that 45 percent of all poor renters in the country are paying at least 70 percent of income for housing costs. The food stamp program takes account of costs in excess of 50 percent of income for the elderly and disabled.

For families with children, it takes account of those costs only up to a limited degree and assumes anything after that isn't really a housing cost and is really available for food when it is not.

What do we do about this, keeping in mind the issues of Federal budget and the need to reduce the deficit? I thought that the document produced in the fall by former Presidents Gerald Ford and Jimmy Carter, the American Agenda Report, was particularly interesting.

Emerging from that document are really two central themes. One was that for the basis to strengthen the American economy over the long run, we absolutely needed to make significant progress in reducing the Federal deficit.

The other major message of that same report was to strengthen the economy over the long run, we also needed to invest more in key effective programs for low-income children who would become the work force for tomorrow.

Work force figures are startling. If you look at the number of young people who will enter the labor force between 1986 and the year 2000, it is 10 million fewer than the number of young people that entered the labor force between 1972 and 1986. There will be many fewer workers for the jobs that are available at the very time that the economy is becoming more technological and the jobs require more levels of education and basic skills.

Of the new people who will, youth who will enter the labor force, they are disproportionately from low-income and minority backgrounds. In the mideighties, Hispanics were 7 percent of the work force. They will be 20 percent of the new entrants in the work force between now and the year 2000.

We have issues here not simply of compassion or what is the right thing to do for children. This is an issue that is as central, I think, to the functioning of the American economy and to our competitiveness with foreign countries at the turn of the century as is the fundamental issue of reducing a deficit.

If you put those two together, it means we have to reorder priorities and raise the resources we need to pay for the priorities we set.

The American Agenda Report talked about having a process where over time, over, I think it was 8 years, we reach all eligible children in Head Start with childhood immunizations, prenatal care, Job Corps, compensatory education for disadvantaged children.

The children's initiative that you were involved with this year was a start in that direction, but we have a long way still to go to get there.

Another theme in the American Agenda Report, which I think is particularly important, is that we do much better by working families with children. I think we need to set a goal. This is something that you hear people from the Heritage Foundation and groups on the conservative side to groups on the liberal side espousing, that if a parent works fulltime, the family and the children in that family shouldn't have to live in poverty.

To get there from here, we are going to need to pass the minimum wage bill, we are going to have a substantial increase in the earned income credit adjusted by family size. I am pleased that will be on the House Floor tomorrow.

We need to recognize if we do those two things and get earnings closer to the poverty line, we still face the risk that child care cost or lack of adequate quality child care and lack of health care can push the working families back below the poverty line.

We need not to think the EITC, one of the top priorities for poor children now, is a substitute for also dealing with the need for adequate affordable quality child care.

Also, we need to move forward on health care. I would say there, too, that one of the single most important steps for children now facing the Congress is the legislation that the Energy and Commerce Committee reported to over time require that all children who are poor who are below the age of 18 be covered under Medicaid coverage. That is an important step to take.

Last on this list I would include the housing issues that I mentioned. I think if the housing situation continues to deteriorate and we get to maintain the kinds of situations where nearly half of all poor renters are paying 70 percent of income for housing, large proportions of them, poor families with children, that can undo the things we try to do in an earned income credit, in Head Start and other areas.

I see I am out of time, so let me briefly mention that obviously to do these things, you have to pay for them. We have to redirect resources. I think we need to be a little less cautious than we have been over the past year in looking at the implications of the changes in Eastern Europe and the Soviet bloc for the defense budget.

I am not saying you can suddenly cut $40 billion next year from the defense budget. That might not be wise. But my concern is that we need to start doing the things now in the defense budget that can enable us, if the events continue on their course in the Soviet bloc, enable us 5 years from now to maybe be saving $40 billion in the defense budget.

Each year you delay, since you cannot have that big cut from one year to the next, each year we don't start to set in motion the top choices, the changes in priority, before we know it we will be 5 years from now and we won't be able to save anything.

We clearly are going to need to raise more revenues. We really need to be closing more loopholes, not opening or reopening new ones. We need to restructure and reorder priorities in the domestic area, another thing that seems a little forlorn given what is happening in catastrophic health insurance.

But I would suggest that we have taxation of Social Security benefits that is parallel to what we do with non-Social Security private pensions. I think we could look at reduced COLA's for early retirees before age 52 and Federal retirement programs.

We can look to lower priority domestic discretionary programs like EDA and move some of that money to a higher——

Mrs. Boxer. I am going to have to stop you, Mr. Greenstein, because I want Mr. Weill to testify before I have to stop for a vote.

Mr. Greenstein. I was actually finished.

Mrs. Boxer. I wanted to say to you that I agree with you. We should not be afraid to talk about this transfer. Fortune magazine and Business Week both have called for a, you know, hold on to your hat, a $100 billion cut in the military budget over 10 years, starting next year.

There is a move on the Budget Committee and off the Budget Committee to prepare such a document, such a budget called the The Budget For a Strong America, which would take that $10 billion and it to transfer the type of programs that you people are testifying about. That is why your testimony is so critical.

I wanted to point out that Mr. Slattery, who is here, has been a very staunch defender of children's programs on the Budget Committee from a very moderate perspective, which reflects his politics. But his zeal for children really crossed over the line this past year. I feel that he will continue to be a leader in this area now that he has to defend himself.

Mr. Slattery. I don't have to defend myself.

Mrs. Boxer. I really just wanted to thank you.

Mr. Slattery. I want to express my gratitude, Madam Chairperson, for holding this hearing. I want to encourage those at this panel and those at that previous panel, also. I know that many of you have testified before this committee and numerous committees on the Hill and have participated in a number of other panels addressing this issue.

Dr. Brazelton, I am sure that you especially, and many of you are exhausted and wonder if people out there are listening or hearing this. I want you to know I think they are.

I am more optimistic today than I have been in the 7 years I have been in Congress that these urgent issues will be addressed in the not too distant future.

Perhaps the most encouraging aspect is the recognition I believe on the part of the business community in this country that in fact their future is also at stake. If they ever hope to be competitive in a global economy, they have to have an American work force that is capable of competing against all the other people around the world.

I think they are sadly and slowly coming to the conclusion that unless some things are dramatically changed, that their future is precariously in the balance.

I want to encourage you, and I want to also encourage you to try to do what you can to build bridges to those other interest that will ultimately be very, very key players in deciding some of these issues.

I have some other questions when my time is granted.

Mrs. BOXER. I will get back to you, but I did want them to know you are here and played such an important role in this last budget session.

I would like to ask Mr. Weill to conclude the panel. Mr. Weill is the general counsel of the Children's Defense Fund, which is a very important organization. We welcome you.

STATEMENT OF JAMES D. WEILL, GENERAL COUNSEL, CHILDREN'S DEFENSE FUND

Mr. WEILL. Marian Wright Edelman is sorry she cannot be here today.

Representative Kennedy's report card gives stark evidence of the terrible problems and risks that many American children face. Our Nation's future is seriously endangered because our society has failed to assure that its children are as well fed and housed, as healthy and secure and as well educated as they need to be, and as are children in other industrial countries.

These failures are particularly tragic because children are the group for whom early interventions, both public and private interventions, can be the most effective and cost beneficial if we do it right and if we do it early enough.

On the public side, we need to invest more in programs like WIC, Head Start, Job Corps, prenatal and preventive care for children, Chapter I, quality child care and immunizations. Each of these is extremely effective, each is very cost beneficial, and each is underfunded.

As just one example, the immunization program saved $10 for every dollar we invested in it over the last decades. It is one of the most effective programs we have, yet it is unforgivable that our country has let its immunization rates drop in the 1980's and let mumps and pertussis disease rates rise.

We are seeing outbreaks of measles for the first time in years. All of this is traceable to our failure to immunize our youngest children. It is traceable to the misplaced budget priorities in the early and mideighties when the Federal Government failed to make enough money available to give the vaccines that were necessary.

If we want to compete internationally in the 21st century, if we want our children to be able to pay off the deficits we have incurred for them, if we want our children to support us in our old age through the Social Security system, and if we want this Nation to prosper and thrive, we have to start investing now in our children, and we have to drastically reorder our budget priorities along the lines that Bob Greenstein talked about.

We cannot let another year go by without ensuring basic health and child care for America's children. Congress this year has to make a beginning by establishing a national floor of health protection for every low-income pregnant woman and child through the Medicaid program, through the Energy and Commerce bill that Bob Greenstein talked about. We have to provide sufficient funding to fully immunize all infants and children.

Congress has to pass immediately the child care legislation that is going to be on the floor of the House tomorrow—as part of the reconciliation bill—and reject any efforts to weaken that bill or to cut the funding in that bill.

[The prepared statement of Marian Wright Edelman submitted by James Weill, may be found at end of hearing.]

Mrs. Boxer. What does it cost to immunize every child that needs it, approximately? How much do we have to increase the budget?

Mr. Weill. I don't have the exact figure with me, but approximately $40 million.

Dr. Schiff. About $183 million.

Mrs. Boxer. We are spending $34 million. We need $183 million.

Dr. Schiff. You are spending a little over $100 million. The budget figures are somewhere in the neighborhood of $140 million, and we need about $183 million.

Mrs. Boxer. If we had $183 million, we would meet the problem? George Miller calls that "chump change" to do what we have to do.

Mr. Weill. And we must sustain those increases over a period of time in order to do it right and keep doing it into the 21st century.

It is true for the immunization program and all the programs I have mentioned, these are relatively modest amounts compared to the money we have spent on the defense budget increases, the money we are spending on the savings and loan problem. These are chump change and amounts the Federal Government can well afford if we organize our budget priorities right.

Mrs. Boxer. Thank you.

Mr. Slattery, I want to start with you if you have some questions.

Mr. Slattery. Thank you, Madam Chairwoman.

The question I have goes to the point the gentleman made about the food stamps and the eligibility and the different eligibility requirements versus non-elderly versus elderly.

Mr. Greenstein. Once you are eligible for food stamps, that doesn't determine how many benefits you get. The closer you are to the income cutoff, the fewer benefits you get. Some people get as little as $10 a month for food stamps.

To determine the level of the benefits, that is based on net income, not gross income. In net income, one of the things that is deducted are extremely high shelter costs. Those costs are the amount by which your rent and utilities exceed 50 percent of your income after other deductions.

For example, there is a deduction for taxes if you work and things like that. The difference is that for the non-elderly and disabled, there is a maximum amount that can be deducted for those shelter costs. If your shelter costs exceed your income by a larger amount, that is too bad. The additional amount isn't deducted. For the elderly and the disabled, the full amount by which your shelter costs exceed 50 percent of your income is deducted.

That was less of a problem 5, 8 years ago than it is now because housing costs burdens for poor families have gone through the roof over the past decade. The rental housing market, the low-rental housing market is shrinking.

The result is that for considerable numbers of families for children on the food stamp program, some of what they spend for rent or utilities is assumed to be available to buy food when it isn't. As a result, their food stamp benefit is lower than it would be if the benefit structure were the same for them as it was for the elderly.

The chairman of the Budget Committee, who is the past chairman of the Nutrition Subcommittee of the House Agriculture Committee, is very concerned about this. I have had two or three conferences with him just in the past couple of months. He has indicated to some of us that he wants to look at this issue very carefully when next year's farm bill comes up, at which point the food stamp program is reauthorized.

Mr. SLATTERY. Some of you might be aware, last night one of the networks, either NBC or ABC, ran a story about what Ewing Kaufman is doing in Kansas City to make available to his old high school, Westport High School, college tuition for students attending that school providing they stay in school, don't get pregnant, maintain a C average and be good citizens as he said.

In the last year since implementing that program there has been a dramatic turn around in the dropout rate, drug abuse at the school. Teen pregnancy is down. It has had a tremendous impact on what is going on in that particular school.

Are we to the point in our history where we need to give some thought to recognizing if young people in America are going to be competitive and be able to realize their dreams and become what they are capable of becoming in the next generation? Are we to the point where we have to view college education as something that is really required or education beyond high school is something that is going to be necessary that the State is going to be paying for or the Government is going to have to be paying for similar to what we did two centuries ago with public education at the primary level?

Should we try some projects, like in our Nation's Capital, saying to the young kids who are disadvantaged in Washington, DC that if you stay in school, if you don't use drugs, don't get pregnant, we are going to give you the opportunity to go to college?

Has anyone given any thought to that sort of a concept and doing it from the standpoint of helping those kids work out their dream, helping them see visions of what the can become and giving them the realistic expectation of being able to chase those dreams? Are we at the point where we are ready for that?

Mr. WEILL. I think our society is well on the way to the point where a college degree is a prerequisite to family self-sufficiency.

We at CDF have been looking at young families headed by persons under the age of 30, and families headed by high school graduates have had tremendous losses in family income. Only the families headed by college graduates have held their own in terms of family income over the last 15 years.

A college degree, even more than just college attendance for a year or two, is increasinly a prerequisite. Programs like the Kaufman Program in Kansas City, which is needed like Gene Lang's program in New York, are very effective. But we also have to figure out how to improve the Federal grant and loan programs for higher education so that all poor and near poor kids can go to college.

Dr. **Brazelton**. I think one of the points in Mr. Kaufman's intervention which is so exciting, it was brought out by these guys, it is not just providing the opportunity but it is giving the incentive and the modeling that he gave them and the backup for why it is important.

I think just providing college education would be just like it is right now in high schools. We are providing high school education but we are the lowest on the totem pole in the world in terms of what kind of education we are providing the kids. It goes back to the question of how to provide incentive.

Mr. **Slattery**. What you are saying is that the fact that this human being comes out and says I was here, I was one of you and because of my efforts I succeeded and I made a lot of money and I am coming back now to help you. If I could do it, you can do it.

There is a very important message in that example and you think that if Government replaced that individual that very important component of this would be lost.

Dr. **Brazelton**. I think it is a wonderful idea. I wish we could provide that opportunity. Underlying that is a much more important incentive that we have to provide kids with enough feeling of competence and role models to want to do it. I think this takes you right back to the family.

Mrs. **Boxer**. If you will yield, I think the notion of the individual and the one on one sets up something very special. We could also do it with a community group. There are ways to make it a personal thing, it seems to me.

At this point I would like to call on Congressman Kennedy to make whatever statements he has, to pose whatever questions he has. At the next bell, we will close this hearing but because of you, Congressman, this was your idea, National Children's Day is on the map. We are very honored that you are here with us and we will ask you to make your final statement and pose any questions that you have.

Mr. **Kennedy**. I appreciate your efforts Congresswoman Boxer in terms of not only chairing this hearing but being a tremendous supporter and more than anything a good pal and pulling this event off.

I also want to thank Dr. Brazelton, in particular, for coming down from my own district in Cambridge. Also, because I know it was tough for him to get here today and I very much appreciate your efforts, Dr. Brazelton.

I would also like to thank other members of the panel who are members of the Children's Day Advisory Committee, Dr. Schiff, Mr. Nazario, the PTA, the Children's Defense Fund and so many people who have really put an effort into making this day an honor for the people who are sitting right behind you and their counterparts around our country.

I was struck. I have two questions. Can you help me, Dr. Brazelton, in answering the first one? We heard one of the young people talk about all the problems of stress, the stress that they encounter, whether or not it has to do with drugs or sex or the pressure of trying to keep up. I wonder if there is any advice that you can give? One thing that always strikes me is that when the testimony is really heartfelt and the lines are drawn so clearly, that people, witnesses, tend to talk in very personal terms about the problems that they are facing. I wonder if there is something we can learn as a Congress in trying to help young people deal with the tremendous stress and problems that they face? Do you have any thoughts on how we might be able to address the concern in general?

Dr. **Brazelton**. I think you can look at stress as a natural part of life. You either learn from it or you go down with it. I would say to Congress, just as I feel very strong about families, that young people need a backup at a stress period, not a destructive approach. I think we can do that. These guys have given us many, many clues today. If we start looking at the survivors in our stressed culture I think we would find a lot of clues as to what Congress could do to back them up.

Congress needs to do some symbolic things of saying we really believe in people in our country, that would be a backup and at an empowerment level. This is what I would like to see because these guys are people who show you they have been empowered in some way or another.

Mr. **Kennedy**. They sure do. I have been very impressed. I want to take a second to acknowledge the tremendous work Mr. Greenstein has done and the testimony both you and the Children's Defense Fund indicate can really make a difference.

There are some problems that come before the Congress where people don't know what to do. These are problems where we do know what to do. We just don't have the fortitude of a people to spend the resources that are necessary.

I am so impressed with the witnesses this morning. But I also think you have to recognize that, as Dr. Schiff has called for a national policy for children. Dr. Schiff, I don't know if you are aware of it, but Claude Pepper had written legislation shortly before he died, called the Young Americans Act which was modeled much after his Older Americans Act. It is legislation I have since picked up.

We have had a number of hearings on this legislation. I wonder if you are familiar with the act and if you think that it might address some of your concerns in terms of the creation of a national youth policy?

Dr. **Brazelton**. I am not familiar with that piece of legislation but we are most anxious to work in that direction. We would be happy to work with you and other Members of Congress to that end. We are going to be testifying before the Pepper Commission on October 24 on our national initiative which is going to try and provide health care for all children and all pregnant women also.

Mr. KENNEDY. Thank you. I would like in conclusion to thank each of the witnesses. There are so many more questions that I have of you. I apologize for the very tight time schedules that we are all on. I wanted to let you know that there are people up here that care very deeply about the issues that you have talked about and who are deeply appreciative that you spend your time and energy talking about the problems of people who are voiceless in our society whom the Nation turns its back on.

Our President stands up and says no new taxes, the Congress won't appropriate the funds and as a result our children suffer. We have to find the steel within our own characters to stand up to those forces. You have given us great inspiration. Thank you, very much.

Mrs. BOXER. Thank you, Congressman Kennedy. We have 8 minutes to get to vote. We want to tell you how much we appreciate this. We spent a few hours here. We should spend more and we will. I want to say to the young people: the issues you talk about are really reflected in a document called the budget. That budget is prepared every year. Every year the President sends down the budget and the Congress looks at it and makes some changes.

I would urge you to take your concerns—we know what they are, we know what the problems are, teenage pregnancy, dropouts, prenatal care, child immunizations, and you can translate it into very important programs. Write to the President. He is working on that document now. Tell him what you think. If you are not happy with it, let us know and we will fix it all up.

Thank you for being here. Stay involved. Remember, anyone who would like to make a statement for the record, we will be happy to include it. Thank you for teaching us today. Thank you to all the witnesses.

[The following additional material was submitted for the record:]

OPENING STATEMENT OF HON. BARBARA BOXER, CHAIR, TASK FORCE ON HUMAN RESOURCES

I am happy to welcome you all to this joint hearing of the Budget Committee Task Force on Human Resources and the Select Committee on Children, Youth and Families, chaired by my friend and distinguished colleague, George Miller.

As chairman of the Select Committee, Congressman Miller has provided a voice for our society's most vulnerable members -- our children. It has been my pleasure to serve on the Select Committee and to work side-by-side with Congressman Miller in making children's issues more visible.

"National Children's Day" has a festive ring, but our observation of this day has its somber aspects. I know that some of you are aware of the statistics:

--in 1986, nearly 70,000 pregnant women received no prenatal care;

--a 1988 survey of births in 36 hospitals found that 11% -- 375,000 babies -- were born to mothers who used illegal drugs during their pregnancies;

--nearly 40,000 infants die before their first birthday;

--the infant mortality rate in Washington, D.C. rose 50% in the first half of 1989;

--over 20% of our children are poor;

--a report released yesterday by the Select Committee shows that over 45% of black children are poor; and

--roughly 40% of blacks and 50% of Hispanics fail to complete high school.

These statistics will no doubt be dramatized by our witnesses.

As the Select Committee's report points out, the need for comprehensive, remedial action has never been more urgent. The President's plea to increase funding for the war on drugs by cutting funding for programs such as juvenile justice illustrates the problems we face in setting sensible priorities.

I am delighted to welcome our child ambassadors from across the country and a distinguished group of adult witnesses.

Our adult witnesses are:

--Steven Speach, District Superintendent of the Oceanside Unified School District in Oceanside, California;

--Dr. T. Berry Brazelton, whose inspirational testimony before this Task Force in March helped inspire the Leadership Initiative for Children;

--Ann Lynch, President of the National Parent-Teacher Association;

--Thomas Nazario, of the University of San Francisco Law School;

--Donald Schiff, President of the National Academy of Pediatrics;

--Robert Greenstein, Executive Director of the Center on Budget and Policy Priorities; and

--James Weill, Chief Counsel of the Children's Defense Fund

Our first witness is our distinguished friend and colleague, Congressman Joe Kennedy, who deserves our praise for organizing National Children's Day and preparing a 50 State Report Card of child indicators in order to help focus attention on the plight of America's children. Several of our adult witnesses were involved in the formulation of this Report Card, and on behalf of this Budget Task Force I commend them for their efforts.

OPENING STATEMENT OF HON. GEORGE MILLER, CHAIRMAN
SELECT COMMITTEE ON CHILDREN, YOUTH, AND FAMILIES

Since 1983, the Select Committee on Children, Youth, and Families has sought to give children and their families a voice in Congress. Today, the Select Committee continues its tradition by holding this hearing in observance of National Children's Day. I am especially pleased that we have the opportunity to hold this hearing jointly with the Human Resources Task Force of the Budget Committee, chaired by my friend and colleague, Ms. Boxer, who is also a valued and active member of the Select Committee.

Just yesterday, the Select Committee released a new report highlighting the current status of American children and their families. Looking across the past decade, the report, "U.S. Children and their Families: Current Conditions and Recent Trends, 1989," finds that millions of American families have not recovered from the recession of 1982-1983. Looking ahead to the year 2000, the report finds disturbing evidence that the youngest children in the nation are faring the worst. I expect that what we learn today will confirm these findings.

More than any single finding in the report, it is the combination of economic, social, and demographic trends illustrated in the report which argues for new policy directions. We can no longer get by with patchwork solutions. We need long-term plans to reach specific goals. And we have to start early, before children are in school. We have to start with healthy pregnancies and give infants every opportunity to grow and thrive and become well developed toddlers and preschoolers.

I introduced, along with most of my Democratic colleagues on the Select Committee, the "Child Investment and Security Act," which sets out a comprehensive, multi-year strategy to ensure that every vulnerable young child reaches the school-house door educationally ready, socially prepared, and as physically and emotionally healthy as possible. Thanks to my colleagues on the Budget Committee, most of the proposals for expanding Head Start, WIC, prenatal care, childhood immunization, and preschool for children with disabilities were included in the Budget Resolution for the coming fiscal year.

I applaud my colleagues for this action. But in the long-run, a one year commitment won't do.

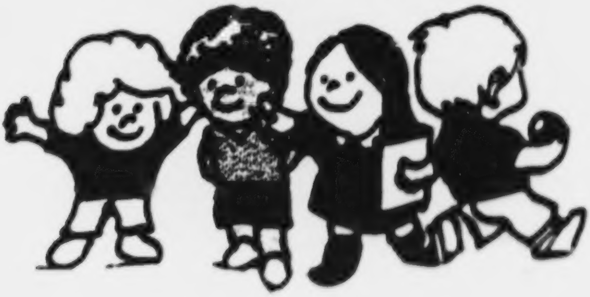
We need, at a minimum, a multi-year plan to guarantee that every eligible young child has access to these proven cost-effective prevention programs. And so that we don't abandon them once they reach school, we need an additional plan to reach the educational goals set by last week's historic Education Summit.

For the most part, we already know what programs work. Now we have to make the commitment. We have to provide the opportunity for America's children to enjoy their childhood today and to become productive, participating citizens in the 21st century.

I would like to thank my colleague, Congressman Joe Kennedy, for convening this week's activities in observance of National Children's Day. He has compiled a report on states' progress on behalf on children and brought together noted experts on child poverty, many of whom will testify this morning. We appreciate his efforts to ensure that children's issues receive the attention they deserve in Congress.

And finally, let me welcome all the young people from around the country who come as child ambassadors from 19 states to celebrate National Children's Day and to express their concerns about issues facing their generation. I look forward to hearing from many of you today. In addition, many of you have brought statements to be included in our official hearing record and we welcome them.

NATIONAL



CHILDREN'S DAY

REPORT CARD

Sunday, October 8, 1989

Compiled by the
Honorable Joseph P. Kennedy II

NATIONAL CHILDREN'S DAY ADVISORY COMMITTEE MEMBERS

David Blankenhorn, President
Institute for American Values

T. Berry Brazelton, M.D., President
National Center for Clinical Infant Programs

Robert Coles, M.D., Author, Clinician, Teacher
Harvard University

Marian Wright Edelman, President
Children's Defense Fund

Dave Hackett, Executive Director
Youth Policy Institute

David Liederman, Executive Director
Child Welfare League of America

Mrs. Ann Lynch, President
The National PTA

Ann Murphy, Editor
Parents Magazine

Thomas Nazario, Author
In Defense of Children

Donald W. Schiff, M.D., President
American Academy of Pediatrics

John Silber, Ph.D., President,
Boston University

Robert Sweeney, President
National Association of Children's Hospitals

Congress of the United States
House of Representatives
Washington, DC 20515

Dear Friend:

On October 8, 1989 our nation will be celebrating its first National Children's Day. For many children, this day will be marked by special family outings, events at their state capitals, speeches made by politicians, a party with friends – but for other children, this day will slip by without notice, without impact on their lives now or in the future. This first National Children's Day Report Card has the lofty ambition of trying to address the latter point – how can we affect our children's lives now in order that they may live better lives tomorrow. The purpose of the Report Card is to provide you with information so that you will understand changes that we must make immediately – not only in the way we spend our government dollars but in the way we value and treat our children – lest we sacrifice the future of our country.

Obviously, this is no small task and in order to accomplish this I have formed an Advisory Committee comprised of twelve well-respected people who are dedicated to improving the lives of this very neglected segment of our population. Together we have put together a list of 25 indicators which tell a story about how America's kids are doing now and what kind of future they will have tomorrow. These indicators will by no stretch of the imagination tell the complete story. There is so much that we don't know, simply because reliable state-by-state data is not available: data that would tell us how many children are homeless, how many are illiterate, how many are neglected and abused, how many are uninsured. Too many problems go unattended because we don't have the data to support action. Clearly, this must change.

But there are things we do know that tell us there is so much more needed to be done to prevent teen pregnancy, high school drop-outs, infant mortality, childhood diseases, child poverty – yet we have not made any headway in reducing the incidence of these terrible problems. In fact, many of these problems are only getting worse. Twenty-Five percent of children under the age of six are growing up in poverty, up to 50% of inner-city students drop out of high school, 40% of today's 14 year old girls will become pregnant at least once before they reach the age of 20. We rank last among industrialized countries in infant mortality and in our inner cities, our babies are dying at rates exceeding those of third world countries.

The National Report Card examines the twenty-five indicators by lumping them together in three main categories: health, education and welfare. Three different Advisory Committee members have been asked to comment on one of the three categories based on the information we have assimilated and on their own professional and personal experiences. Although the data focuses on individual states, the evaluations focus on the United States' performance as a whole. We as a people, have a commitment to all of our children, not just the children who live in the state in which we reside. We cannot breathe a sigh of relief knowing that one particular state rates among the top ten in many of the categories. Our states are not separated by boundaries that justify this kind of response -- one state's problems today can become another state's nightmare tomorrow. As a people, we must strive to make our nation one in which every child can reach his or her full human potential.

I hope that after you have looked over this information you will become convinced that children's issues must be a top priority in this nation. I hope you will climb aboard and become an advocate for children in your communities and in our country. One of the main reasons that children remain the most vulnerable and neglected segment of our population is because there are not enough child advocates who will vote with their feet. There are plenty of seats on this wagon whose destiny is improve this the state of children in the U.S. I hope you will join us soon.

Sincerely.

Joseph P. Kennedy II
MEMBER OF CONGRESS

Evaluations

Dr. Berry Brazelton on Child Health

The problems with health care in this country can hardly be addressed by statistics. As one reviews the indicators one could be lulled into complacency by the fact that our infant mortality rate is slowly but surely declining. Our neonatal mortality and post-natal rate is slowly but surely declining. Our neonatal mortality and post-natal mortality rates look respectable. The pockets of failure are predictable – they coincide with the pockets of poverty and of unreachable poor in Southern States, and in the ghettos of our cities. In our country these pockets are unacceptable. Vaccine preventable diseases are climbing, AIDS cases are heralding the breakdown in our societal values, low birthweight and teen births are stationary or rising due to inadequate prenatal care – all of these are indications of failure in outreach to target populations in all of society, but particularly in these pockets of poverty. More recently we have been faced with an invasion of an even more serious threat to future populations – the precipitous rise in the number of babies addicted at birth as many as 20% in Boston, 25% in Chicago, over 50% in hospitals in Miami, indicates a major epidemic of failure in our disillusioned, depressed parents-to-be. These are made up mainly of the poor whom we have never successfully reached, but careful scouting will show that many are born to addicted middle class parents. Our society is revealing a failed value system, depression in young adults which none of our outreach systems are prepared to face.

Where does our present medical system stand as we face the future of children and young adults? In my view, we need to address the issues of early detection, of prevention, and of new ways to offer moral and emotional support to families and children who represent the failures in our present system. These are no longer class-related so that we can blame them on poverty and the inanition that accompanies being poor and disillusioned. They represent all classes of children and young adults.

As our technology and research in optimizing physical care has improved, our ability to recognize and treat emotional and cognitive failure in children and young adults as declined. As a society we do not even support and reach out to new, young families at a time when their energies and optimism is high around a new baby. We are demonstrable the least family-and-child-oriented society in the world with the possible exception of South Africa. Hence, we miss a major opportunity to enter the family system at an optimistic time for supportive cooperation toward prevention of family breakdown and the inevitable emotional depression in its children whose nurturing needs are not being addressed. In order to nurture children, adults need nurturance. Our present deficit-model of medical care results in stressed families turning away from the medical system, resorting to it for physical crises only.

These are not the major sources of failure for most families. Poverty, stress and depression are more serious threats, and they are not reachable by a disease-oriented medical approach.

What would I do to change our system?

1. Study and try to adapt the Canadian system - of a base rate of quality care available to all, supplemented by a private system for special consultation which satisfied medical personnel so that they could be expected to be available in a one-to-one relationship for stressed individuals.

2. Educate the public as to how to use and demand what they need from the medical system, i.e., empower the participants with knowledge and expectations as well as an awareness of their responsibility in a patient-doctor relationship.

3. Educate medical personnel in how to maintain and utilize patient relationships and in the importance of understanding developmental issues. In other words, change our present approach to a preventative and supportive system - a positive model.

4. Utilize multidisciplinary medical teams for supporting parents and children. M.D.'s may not be able to offer all the understanding and support which families need.

5. Develop strength oriented approaches to outreach for target populations, poor, depressed and addicted persons in particular.

6. Emphasize the values of early identification and early interventions. In our present system this will demand a whole revision of medical training. Disease and failure-orientation is a band-aid approach to the issues in which we are failing in our present system. The future of these addicted babies – a frightening symptom of the breakdown of our present medical and moral systems – will cost this nation more than our present defense system. We must redefine what makes a strong, healthy country.

Dr. Donald Schiff on Child Health

In the area of health, the report compares incidence rates for infant mortality, neonatal mortality, post-neonatal mortality, infectious disease, pediatric AIDS and teen suicide. These indicators are considered by public health experts to reflect the overall health status of children. According to the report, the rates of mumps, pertussis and teen suicide have increased. While infant mortality, neonatal and post-neonatal mortality have decreased slightly, they are still unacceptably high. The incidence of AIDS in children has increased dramatically and will continue to do so.

What we would like to see in these data is steady improvement. What we see instead is that the rate of improvement in many categories has either remained stationary or slowed. In many states, trends in several categories are actually worsening. The reality is that child health in America is not what it could or should be, and too many children are suffering preventable health problems.

One of the reasons for this is that children of today do not live in the same world as children of a decade ago. Today's children are poorer, one fifth live in poverty and 21 percent live in single parent households. Today the leading cause of death for children above one year of age is preventable injuries. Reported cases of child abuse and neglect rose a drastic 23 percent in one year, from 1985 to 1986. The rates of preventable diseases, specifically measles, mumps, and pertussis, are all increasing for children under two years old, partly because many parents cannot afford to immunize their children. The result is only 40 percent of children under four are adequately immunized, leaving thousands vulnerable to the serious threat of infectious diseases which could have life-long consequences.

While there is no single answer to solving these problems, there are several key steps that must be taken. We must emphasize and increase support for preventive care while assuring quality care for acute and chronic illnesses. We must also ensure that every child in this country can obtain the health care services they need.

During the last decade, support for preventive programs, such as immunizations and the WIC supplemental food program, have not kept pace with the growing need. For example, less than half of the 7.4 million women, infants and children eligible for WIC are able to participate because of funding limitations.

The American public and our elected leaders must realize that providing preventive care not only makes good medical sense, it makes good economic sense. For example, although the benefits of prenatal care have been emphasized repeatedly, our nation will have spent $2.5 billion to care for more than 330,000 low birth-weight babies born over the last decade to mothers who did not receive prenatal care. This $2.5 billion would have fully immunized 33 million children, provided 68.7 million food packages through the WIC program, provided comprehensive prenatal care to 3.5 million women, or provided comprehensive pediatric care to 4.5 million children. In our estimation, this is a clear case of short-sighted, misplaced priorities.

Obviously, the benefits of preventive care are lost if children and pregnant women do not have access to that care. Among the numerous barriers to the health care system, the most fundamental is the absence of health insurance. Studies show that children without health insurance are ill more often, go to the doctor less often and have poorer health.

The fact that the majority of uninsured children live in working families underlines the need to address the health care access problem beyond expanding the Medicaid program. While the Academy actively supports increased eligibility and programmatic improvements in Medicaid, we believe that a broader approach is needed. As policy makers debate and shape a national health plan, we feel that children and pregnant women's needs must be addressed first. To that end, the Academy is developing a federal legislative proposal that will guarantee universal access to quality health care for all pregnant women and children through age 21. The AAP is also working to remove other barriers to care by the development of community based programs that provide health care at the local level and by initiating public education efforts to encourage appropriate use of existing health services.

The Academy continues to support programs that we see as essential to improving the health status of all of America's children. Some of these initiatives do not fall within the child health and safety categories of the Report Card. These include programs which improve childrens' nutrition, provide health education information, encourage injury prevention and control, ensure safe child care and which address the growing problems of child abuse and substance abuse. All of these are critical to childrens' health and well-being.

The health challenges our children and our children's children will face will be daunting, particularly because their solutions will no longer only involve medical advances, but also major societal and environmental changes. To meet these challenges we must act now to ensure that all children have access to quality health care, including preventive services. Prenatal care must also be available to all pregnant women if we are to reduce our unacceptably high infant mortality rate. Finally, to improve the health of American children, we as a society must hold the health of children as a top priority.

Robert H. Sweeney on Child Health

The report card on the selected health indicators that was compiled for Children's Day makes it quite clear that, after almost 50 years of substantial gains, the health status of the nations children has remained stable or begun to deteriorate in recent years. The data supports our worst fears – the surgeon General's 1990 Health Objectives for Children now appear to be virtually unobtainable, a stark reminder of the unsatisfactory health status of too mangy of the nation's children.

Rates for infant mortality, teen pregnancy, low birth weight, death by accidental injury, HIV infection, and teen suicide are all indicators of this failure. Between 1982 and 1986, the rates each of these indicators for the United States as a whole, and for many individual states, have shown little improvement. In some states they have worsened.

These indicators suggest that the health care system alone is not capable of overcoming the variety of forces – societal, cultural, technological, economic, and political – that have an impact on children's health status. Economic status is a primary determinant if access to care and subsequent health status. One third of all children born today will spend some time living below the federal poverty line. If this trend continues, one child in four will be raised in poverty in the 1990s, and one child in three by the turn of the century. The children in poverty are children of the working poor; they live in both urban and rural areas of the country; they are homeless children; they are disproportionately minority; and they are all ages – from infants to adolescents. This does not speak well for their health care needs.

Poor children must overcome a number of financial and structural barriers to receiving appropriate medical care in a timely fashion. Approximately [illegible]2 million children do not qualify for either public health programs or private health insurance/ Health care services and providers are poorly distributed in rural and inner city areas. Education programs on disease prevention and health promotion are inadequate to meet the need. Alternative types of care including home and community-based health care frequently are not accessible. When many children finally gain access to care, often from children's hospitals, they are sicker than they should be, suffering from preventable diseases, which with earlier access could have been treated more easily and affordably in an ambulatory setting.

The financial barriers to health care for these children are becoming more evident, despite some recent improvements in the Medicaid program. Increasingly, private employer-based insurance is becoming limited in both coverage and eligibility as well as more costly for the employee. Often, dependant coverage is too expensive for low-income families to afford, or it is not offered at all. Too frequently, preexisting conditions and catastrophic health care expenses are not covered.

The Medicaid program, the federal health safety net for children, serves them poorly and disparately among the states. According to a new NACHRI study that will be released in mid-October, 1989, inadequate eligibility levels under Medicaid deny coverage to almost half of all poor children. In addition, because the applications process is too difficult to complete, many children who are eligible for Medicaid do not receive the benefits to which they are entitled. Because of arbitrary restrictions on covered services or services which are not covered at all, plus difficulties in finding providers who are willing to accept Medicaid's inadequate payments, many children who are eligible do not have access to the services they needs. Inadequate reimbursement results in providers who serve Medicaid children, including children's hospitals, incurring large financial losses. This experience suggests that they will have serious difficulty providing quality care in the future. In 1987, an average of 25 cents of every dollar of cost which children's hospitals spent on treating Medicaid children went unpaid by Medicaid. The hospitals are forced to look elsewhere to recover these costs through charges to other payers, through postponement of needed improvements to services, or through diversion of endowments and charitable gifts.

What can be done to ensure the health of our children? For many, securing children's access to health care is an issue of compassion. For the nation's leaders, it should also make great economic sense. Ensuring children's health care needs is as important to the future well-being of our economy as is their adequate education, housing, and nutrition. First, there must be a concentrated effort within both the public and private sectors to promote healthy behaviors and lifestyles by providing role models as well as culturally-sensitive educational programs in the churches, schools and local organizations. Second, we must challenge both our graduate medical education and health care delivery systems to encourage health practitioners to work in rural and inner-city areas where the need is the greatest. Third, and perhaps most important, we must find a way to ensure that all U.S. citizens, including our children, have access to health care services by providing the resources required to make them available.

The debate over the need for a new national health care system is rapidly gearing up as the business community, confronting high costs joins the health care community in expressing frustration with the inadequacies of our current system. NACHRI believes that any reform of the health care system must strengthen public programs to guarantee access to care for those least able to afford it, while not encouraging a shift away from private sector coverage. This is not so much philosophic as it is pragmatic recognition that the annual federal deficits preclude any other course. Any reform of the public programs must be aimed at correcting restrictive eligibility requirements, difficult enrollment processes, limits on essential services, and inadequate reimbursement levels. Reforms in the private sector must address comprehensive benefits including preventive and prenatal care, home- and community-based care, and catastrophic illnesses, in addition to rehabilitation services, dependent coverage, and the inclusion of coverage of preexisting conditions.

Children's health care needs can only be met through enlightened social policy. The family's fulfillment of its responsibility to its children must be supported through opportunities to earn an adequate wage and employment benefits, the availability of and access to health care services, tax and fiscal policies supportive of family needs, and direct provision of resources for families unable to meet their own need.

David Hackett on Child Welfare

The majority of the poor in this country – the sick, the illiterate, the homeless, the hungry – share, for the most part, a single characteristic. They are children.

In fact, children are fast becoming the poorest segment of our population. In 1986 one-third of children born into young families lived in poverty. Families with children are nearly seven times more likely to be poor than families without children. One in five children was without health care in 1986; the United States ranks eighteenth in infant mortality.

The poverty of our children is our nation's greatest shame. It is also our greatest challenge. It is imperative that we act now to bring our children out of the despair of poverty and provide them with viable opportunities for the future. Because, indeed, their future is the future of our very nation.

It is through empowering youth to influence policy and fight for change that we can bring our children out of poverty. We must provide young men and women – who have a stake in and a commitment to the future – with feasible methods for understanding, changing and controlling policy issues.

Youth can be given the opportunity to share in responsible planning by implementing a three-stage approach: through collection of information; discussion, debate and dissemination of proposed solutions in a forum situation; and finallyu participation in neighborhood development and revitilization programs.

The first step in influencing change is to gather information. Only then can one make informed decisions on issues. High School and college students are particularly skilled at research and information gathering, a primary focus of their classroom training. These skills, learned in the classroom, could be applied outside, and students could examine issues from all sides, investigating the scope of the problem, past and current policies and proposed solutions. By educating themselves on the issues, young men and women could lay the foundation for social change.

Once information has been collected, youth leaders could organize forums and discussion on proposed solutions to social problems. These could be either large panel forums or small group discussions held on a community level and involving neighborhood activists, college and non-college-bound youth. Youth leaders could also disseminate pertinent information to the media and to nonprofit agencies. In this way information could be focused and directed toward eventual action.

David S. Liederman on Child Welfare

The grim statistics on the plight of children in this country speak for themselves. The plight of our nation's children is worse today than in 1970. We've seen an unprecedented increase in drug and alcohol abuse. Rates for high school drop-outs are higher. The homicide statistics are chilling. In 1986, the last year for which we have reliable national data, four to five people under 18 were murdered per day. Equally chilling, three to four people under 18 were arrested for murder every day. Teenage suicide and unemployment are up precipitously and childhood poverty now claims one of five children under six, a proportion higher than that in seven other industrial democracies, including the United Kingdom and West Germany. Yet, we have no unified national plan or policy for our children and youth.

The business community now realizes the dire straits in which our children find themselves and it is high time that the Federal Government began to provide leadership for public and private sector partnerships at all levels to address the situation.

That is why we are supporting H.R. 1492, the Young Americans Act. It is the only piece of Federal legislation that places children, youth and their families on center stage before decision makers at the Federal and State levels. It acknowledges what the business community already knows: if you want to get somewhere, you've got to plan where you want to go and how to get there. The Young Americans Act uses this common business sense by setting a course and establishing a plan of action for our nation's children and youth.

H.R. 1492 was inspired by another act of Congress which has worked so well for an older generation – the Older Americans Act of 1965. The Older Americans has proven conclusively that when Federal, State and local efforts are coordinated and public/private cooperation encouraged, problems can be solved. Government, in partnership with private citizens made a difference for the elderly in 1965 through the Older Americans Act. We need to do the same for children and youth in 1989. The 101st Congress owes children and youth the same commitment it has already successfully made to older adults, who are also vulnerable because of their age.

The Child Welfare League of America, a national association of 550 leading public and voluntary agencies which help 2.3 million needy and troubled children, has been at the forefront of efforts to improve the plight of children for over 70 years. CWLA's Childrens Campaign, a national network of child advocates who take action in support of children has been working hard over the last three years to mobilize the public which is calling for a greater investment in children. And the public is responding. The statistics, grim as they are, can be changed and the lives of children improved. We must make investment in children the rule across America. We must begin now. Our nation's future depends on it.

Ann Murphy on Child Welfare

As disturbing and, in a few exceptional cases, as inspiring as the data on child welfare are, these statistics do not permit us to know much about the children and the families behind the numbers. At PARENTS Magazine, we receive hundreds of letters and phone calls from young parents – primarily mothers – who are struggling with far less severe problems than those reflected in the child welfare report, but who share one fundamental character-istic: Their children are the most important thing in their lives and they desperately need to know that they are providing them with the best care possible.

In the 1950's, the definition of ideal child care – like the definition of the typical American family – centered on a mother who stayed at home with the kids while Dad went off to work. With approximately two-thirds of mothers in the work force, coupled with the large number of female-headed households, the "typical" American family has undergone a dramatic change since the days of "Ozzie and Harriet," yet the United States government has no official policy on maternity leave or child care that reflects this dramatic shift in the structure of the family.

On a purely practical level, this means that the typical working mother spends an unconscionable amount of time worrying about child care and often settling on second-rate help. If she is poor, she has even fewer options. Her children, if not cared for by a relative or friend, will wind up in an overcrowded, understaffed, potentially harmful facility.

On a less tangible level, many parents today experience the changes in our society as a threat to the values with which they were raised. The neighbors they recall from their childhood were probably a lot like their parents; today their own neighborhood is made up of all types of families with different ideas about raising kids. And while their parents could be fairly certain that their approach to child rearing matched that of the Joneses next door, today's parents suffer from a loss of consensus about the troubling problems they and their children face: drugs, premarital sex, AIDS, crime.

In order for any child welfare program to be successful, it must address the isolation and need for community that many parents experience. We must recognize that a pregnant woman needs help from the minute she conceives, because regardless of her socioeconomic or educational status, she is almost certainly going to feel insecure, apprehensive, even frightened. She needs the early prenatal care and counseling crucial to having a healthy baby. And once her child is born, she needs a support network even more. When she goes back to work, there should be a reliable, caring, quality child care program in her neighborhood. And, most important, her child should grow up with a sense of belonging, not only to his family, but to the community and society around him.

Until we are willing to recognize that the fundamental structure of the family has changed and that the need for community-based support has grown, we will continue to shortchange young parents and, as a result, potentially handicap the next generation. As long as we constantly monitor the factors that are eroding our families, we stand a chance to promise our children a brighter future. I applaud your efforts to make every state accountable for the welfare of American children.

Thomas Nazario on Child Welfare

Figures and statistics about the plight of children, of course, never tell the real story. You never see their faces. You never hear about the lives they lead and the figures themselves,almost always seem to blend together. When talking about child welfare this is particularly true: on one hand one wants to understand, yet on the other, one just can't visualize the numbers or come to grips with the suffering of children. So we just toss it aside. This is something we can no longer afford to do. Hence, in an effort to make better sense of these figures,I will paint a picture. Please try to bear with me.

There are 64 million children (persons under 18 years of age) in America today and about 3.8 million new children are born in the United States each year. That means that about 10,400 children are born each day: or about 1000 every two hours and twenty minutes; or in about the time it takes a person to see a movie or watch a Monday night football game. One thousand children are easy to visualize. They might fill up a good size school or auditorium, church hall, or congressional hearing room. What would these 1000 children look like and what might we expect to happen to them over the course of their childhood?

First, of these 1000 children about 11 or 12 will not survive their first year of life. They will die as a result of our infant mortality rate which each year takes a little over 39,000 of America's newborns. These children are disproportionately Black, Hispanic, and Native American and are more likely to be born to a teenage mother or to mothers who are poor and have little or no access to prenatal care. Many of these children could have been saved. Second, of the surviving childre, 88 would have been born drugs and/or alcohol. Often these health problems are very serious and will stay with them their entire lives. Also 245 of the children will live in poverty over a substantial part of their young lives. At any given time, almost one in four of all children under age six live in poverty in America. For children who happen to be Black, their chances of living within a family whose income falls below the poverty line is 1 in 2. Additionally, the average amount of the time that Black and minority children live in poverty is substantially longer than that of a comparable white child experiencing poverty, experiencing poverty.

The amount of Aid to Families with Dependent Children in any state is not designed to take kids out of poverty and many families who would otherwise be eligible for this helpdo not recieve it. Children who live in poverty are more likely to suffer serious illness, abuse, neglect, pregnancy, and drop out of school than children who are not poor. Also, because of the many ancillary problems associated with poverty these children are more likely to spend at least some time in a juvenile detention center. About 20 of these random 1000 children are likely to be arrested some time during their upbringing and with homicide now being the second or third leading cause of death for children between the ages of 1 and 18, 2 to 3 of this sample of children will be killed over the course of their upbringing. Moreover, children who live in poverty are also far more likely to be functionally illiterate when theygraduate from high school: and find themselves unemployed as they enter their late teens. About 130 of 1000 children will bear this fate.

Finally of these 1000 children, almost 200 would be born to unwed mothers, 144 of whom would be teenagers themselves. Of these young mothers, 72 will never complete high school. Also even as teens who marry as a result of pregnancy , studies show that these marriages are two to three times more likely to end in a seperation or divorce than marriages which are not pregnancy related. About one-fourth end within five years. As to those teens who don't marry, studies show that as a group, single mothers and their children ae the segment of our society most likely to be poor. Seventy-five percent of single mothers under the age of twenty five live below the poverty line, and among mothers under the age of thirty who have not finished high school, 90 percent live in poverty.

This, of course, just scratches the surface of some of the problems associated with children and child welfare in America. Other areas of this report are just as significant, particularly those issues that relate to health care. For example, you might be surprised to learn that 50 out of 1000 children develop a serious drinking problem over the course of their upbringing;that 150 in every 1000 children will be abused or neglected over the course of any given year; that 165 out of every 1000 children have no regular source of medical care; and that nearly 600 of the 1000 children will take at least one or more illegal drugs before they leave their childhood.

Remember these numbers only reflect the percentage of children affected out of every 1000 childre in America. There are 64 million children out there. That is the picture we are facing and that is the challenge for today.

David Blankenhorn on Child Education

The idea of "ranking" the 50 states according to the criteria established – with the goal of discovering how "well" or "poorly" the various states are doing in relation to one another – is an idea that, in my opinion, has serious flaws. The bottom line is that it is difficult to capture, the relative performance levels of state and local governments by these types of instruments.

That said, here's what I think about the data you have gathered.

Standardized test scores seem to be either stagnant or declining. Graduation rates seem to be increasing slightly, but they remain shockingly low. This tells me that we are doing a poor job of educating our children.

Your other indicators – pupil/teacher ratios, per pupil expenditures, and teacher salaries – tell me nothing about the quality of education.

To understand why, we only need to look at recent studies comparing Catholic schools to public schools. Catholic school students, as groups, out-perform public school students by a country mile in every category that social scientists can think of. Yet if we look at spending issues, such as per-pupil expenditures and teacher salaries, the public schools are far, far ahead of the Catholic schools.

What explains this paradox? It cannot be explained by saying that Catholic school students are simply a different population –more affluent, for example, or less likely to be from a discriminated-against minority – since the studies I am citing hold these factors constant. It turns out, for example, that low-income minority students from Catholic schools do far better than low-income minority students from public schools.

I can only conclude – as have social scientists, such as James Coleman, who study this issue -- that spending is not the main issue. What seems to matter is what might be called the social ecology of the school and of the family. This concept refers to issues such as:

* Who is more "in charge" of the school – students or adults?

* Are students proud of the school?

* Are students expected to achieve?

* Are there clear standards of behavior? Are those standards enforced?

* Are parents involved in the school?

* Where does the buck stop? Who is finally accountable for the school – the principal or the bureaucracy?

* Do students take their cues – their sense of what to do – mostly from parents and faculty, or mostly from each other and from outside institutions such as the media?

These issues are less about spending than they are about social norms and what we expect of our children. They sound hopelessly corny and old-fashioned, and they are very hard for statisticians to measure and for educational bureaucracies to write reports about. But to me, at least, they are what matters.

Dr. Robert Coles
on Education

Our children need adequate schools - schools in which they learn how to read and spell and write, add and subtract; schools in which they learn self-respect and acquire respect for others. Schools in which their minds grow, their moral life becomes stronger; schools in which they come to appreciate this country's virtues and achievements, but also the struggles and accomplishments of others, the world over. Our children also need a solid home life - a life in which they can eat good food, wear adequate clothes, take for granted the shelter of a home, a roof over their heads, rooms that are safe and protective. Children need, as well, a neighborhood that offers them safety, that welcomes them: the pleasures that go with friendships made, hobbies pursued, games played. Finally, our children need not only a sound body (the medical care that insures it) and a sound mind (and the family life that nourishes it), but a life of the spirit - the values and ideals which they can uphold, which they can believe in, which can inspire them.

Ann Lynch on Child Education

The National PTA, an organization comprised of over 6.6 million parents, teachers and other child advocates is devoted to assuring that our children and our families are at the top of the national, state and community agendas. It is symbolic that the Select Committee on Children, Youth and Families and the Budget Committee's Task Force on Human Resources should jointly be conducting a hearing on school improvement commemorating National Children's Week. This symbiosis between the people who collect the data and provide information to authorizing committees and the people who pay the bills and allocate the resources is a critical policy link between planning and implementation. A National Report Card on children will further raise America's awareness about our children, and can spark our nation to further action.

The National Report Card can build on dozens on corroborating reports and statistics compiled over the span of the last half-decade about the education, safety, health, protection, and caring conditions for children and youth. In fact, America needs to be reminded daily about how it treats its young people, which segments of its youth population need special help, and whether we as a nation are assuring basic services for every child. Information about the condition of our children is as important as the data collected, for years, about the health of our economy, labor force, and housing market.

In our zeal to collect statistics and develop indicators, however, especially in determining the health of our public education system, we must be sure that what we are measuring is not confusing and is related to meaningful school improvements.

> *For instance, the National PTA has been critical of using standardized tests as the sole measurement of academic quality. Proponents of tests assume that standardized scores are fair and valid as well as the best means to measure achievement. Not so! That quality of our educational system should not be reduced to a series of multiple-choice questions.
>
> *The National PTA urges caution when making state by state comparisons. Many variables contribute to the diversity of our educational institutions among states and among localities including per capita income, the number of special needs children, educational level of adult populations, percent of students in poverty, background variables of students who are disadvantaged and characteristics of the teaching workforce. These factors must be weighed into whatever indicators are developed.
>
> *The National PTA believes the data collected must make sense and help lead the way to better schools. In an attempt to improve education, state decision makers should not flounder in a sea of unrelated data. For instance, if a state is ranked 15th in pupil-teacher ration, 30th in high school graduation rates and 40th in SAT scores, what must they do to improve? What indicators make a difference in improving schools? What must a state do to become number one?

But let us not permit America's preoccupation with numbers and data to divert us from the main task: meaningful commitment as a nation in guaranteeing universal quality education for all of our children. Thus far, the information about education effectiveness has not concentrated on indicators of quality -- but rather, indicators of quantity. Generally, excellence has come to mean more or less of something: more graduation requirements, more math, more homework, more tests, longer school days -- without an understanding about how these initiates make a difference in the quality of services. A National Report Card can move us into the second phase of educational reform which must focus on quality as well as the quantity indicators. The National PTA believes that quality indicators are based on the following:

1. A nation with political leadership at all levels to improve schools, and with the courage to make choices for a child and youth constituency that does not vote. For certain, a society that has the will to send a person to the moon, built thousands of miles of interstate highways and bail out savings and loans institutions can certainly bail out our schools and children as well;

2. A federal government that joins the local and state education agencies in being a full partner in educational reform. Fully funding such programs as Head Start, Chapter 1, Education for all Handicapped Children, and providing incentives to encourage skilled professionals into teaching is a critical role;

3. A comprehensive parent involvement program in every school including opportunities for parent to become involved in decision-making, parenting skills, volunteerism and home-school programs. The one major factor in school improvement is parental support of their children and schools;

4. An equal educational opportunity for every child no matter where their place of residence or what their parent's income. Vast resource inequities are creating a two tier system of schools based on community and parental wealth.

5. Preschool opportunities for children who need early intervention experiences. We must assure that each child who enters kindergarten starts the academic race at the same place. The National PTA supports H.R. 3.

6. A comprehensive school program that recognizes the need of the whole child and provides counselling, health, and nutrition services coordinating the various community agencies. We must stop the turf bickering between agencies that serve out youth, and start developing cooperatives.

7. A principal who is an instructional leader and teachers who are caring, competent, and committed. We must also develop strategies to attract more minority teachers who are proficient in math and science.

It is appropriate to commemorate future National Children Weeks by taking a pulse of our efforts through a National Report Card. Let's begin the work. Simply stated, the struggle for quality education will ultimately be won or lost in the thousands of classrooms across the country. If indicators are to inform school improvement, they must reflect those "intangibles" that are hard to measure, but more accurately reflect school quality than SAT scores. Lastly, educational reform is but one factor of what should be a major plan to better the lives of our children. Children will not succeed in school if they do not have a home or if they are hungry or have no access to health care. We have a lot of work to do: if not now, when?

John Silber on Child Education

In [the Report Card's] data, I found that among the various measures of expenditures on education only the pupil-teacher ratio shows no significant statistical relationship with test performance or graduation rates. The massive amount of money being spent per pupil in cities like Boston, New York, and Chicago is not achieving results because it is not being spent in ways that work.

The United States ought to have the most successful system of public education in the world. Its people care deeply about their children and are convinced of the importance of education to their development. Moreover, the country's wealth is sufficient to support a first-rate program of broadly distributed public education. And we spend far more per pupil than
any other country in the world.

But in fact public education is in disarray. At least 30 million Americans are functionally illiterate, some of them even after having earned college degrees.

This problem needs to be addressed comprehensively and with an understanding that increasing the expenditure on conceptually flawed programs cannot improve matters and may make them worse. If a dollar is being spent on the wrong thing, we will be lucky if spending two dollars on the same wrong thing does not increase our problems.

Education begins before birth. If a carrying mother is malnourished or undernourished or engages in substance abuse, her child may well be born retarded. This retardation, which will have unfortunate consequences for the child and its society, is entirely preventable. We need a comprehensive program of nutritional education and supplements to ensure that every American is born with a fully functioning brain.

But children are at risk not only in the womb but in the years of life. Among the millions of families in the underclass, the family is essentially extinct, replaced by a kind of perverse daycare in which children bear children and then, after a fashion, raise them. If we are to prevent the permanent establishment of the underclass, an outcome which would mock the principles on which the nation stands, we must establish a national system of daycare that will in a single generation rescue millions of children from the underclass, along with programs to educate teenager mothers to take their place as productive citizens.

But there is little point in rescuing the children of the underclass if they are to be turned over to failed public schools. The disaster area that is public education in the United States is the more intolerable because we once had a highly effective and comprehensive system that educated fully even in the backwoods. To restore that system, we must break the monopoly on teacher certification held by Schools of Education, open the teaching profession up to mothers who have raised their families and to retired professionals in the sciences and other professional areas.

We need, moreover, the implementation of national uniform examinations like the British "A-level" and "O-level" examinations, which allow educational institutions and students measure themselves accurately and only with such a standard can our teachers and schools be accountable to students and parents. When parents see that their children are doing measurably worse than the national norms, they will have strong evidence on which to demand better performance from their schools.

We need a conference of the governors and commissioners of education of the 50 states to discuss how state governments and the federal government can work together to recruit to the teaching profession the individuals who are most qualified to teach. The present situation, in which all too often the state governments and the schools of education are gatekeepers who admit the least qualified and drive away the best qualified, is a scandal which justifies dramatic action by the federal government.

In higher education, the federal government's program of student financial aid is chaotically organized. The Pell Grants provide funds to students who satisfy the means test, but these funds will pay a substantial portion of the fees only at state and proprietary schools. The program therefore discourages these students from seeking admission to independent colleges, even when they – and the society – would be benefited by study at an independent institution. What is more, this program does nothing for middle classes students. All that is offered to the middle class are the various federal loan programs, which encourage 18-year olds to take on a massive burden of debt that encourages equally massive default and sometimes bankruptcy. The cost of defaulted educational loans has in recent years exceeded that of armed robbery. The means tests generate an expensive and ineffective bureaucracy that has been unable to prevent fraudulent applications and awards. The federal government has estimated that 30% of parental financial statements contain some element of fraud.

The federal government ought to replace its current ill-coordinated and ineffective financial aid programs with a comprehensive tuition endowment fund from which students can secure advances to pay their tuition charges and into which to will later make repayments through payroll withholding at a rate conditioned on their after-college income. The Income-Contingent Loan program (ICL) initiated under the last administration superficially takes that approach, but its technical flaws make it even less satisfactory that existing loan programs. Although the program was designed to make borrowing less onerous, graduates with low incomes and high debts can find themselves with repayment schedules more devastating that those imposed by conventional loans.

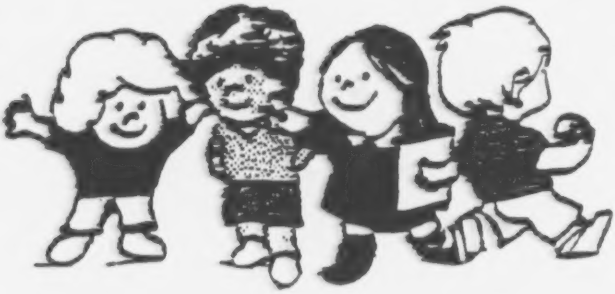
A properly administered educational trust fund would, within less that 20 years, become entirely self-supporting and end any need for federal student financial aid. It would be a supreme example of applying the investment approach to federal social programs. Like a day care initiate for the underclass, this program would have major startup costs. Depending on precise designs, a fully-funded program would cost between $10 and $15 billion annually, but only for about 15 years, after which it would require no further appropriation. But like the day care program, a national tuition endowment would provide a massive payback – in this case, one specified by actuarial tables and guaranteed by the IRS. By 2000, every qualified American would be able to finance his or her higher education without federal funding. Such a program would be more effective in guaranteeing equal educational opportunity than any proposed by the Democrats, and requires more responsibility on the part of the recipient that any proposed by the Republicans.

We need to understand that the problems laying our schools waste are in large part conceptual, that prevention is always better than remediation and often works when remediation will not. Problems should be addressed as early as possible. For example, if we prevent gratuitous retardation through nutrition in the nine months before birth, we will not have to deal with it through welfare of the criminal justice system over most of a lifetime.

And some problems that are not strictly educational have profound effect on education. Drugs are an example of this. Public policy may in time reduce the drug problem to manageable problems but some of the pressures on education are not amenable to public policy. Television, a profoundly education force sometimes for good, but mostly for the bad – is a case in point. Television's evangelization of the young into a culture of gratuitous violence and instant gratification can be ended, if at all, only when parents begin boycotting the sponsors of objectionable programs.

To a large extent a society is what its education is. That is why the improvement of American education is a matter of supreme importance.

State-By-State Reports



ALABAMA	TREND IN ALABAMA	COMPARE TO NATIONAL AVG.	RANK: AMONG TEN BEST STATES?
Health			
Infant Mortality Rate	Better	Worse	
Neonatal Mortality Rate	Better	Worse	
Post - Neonatal Mortality Rate	Better	Worse	
Vaccine Preventable Diseases:			
Measles	Better	Better	
Mumps	Worse	Better	
Pertussis	Worse	Better	
AIDS Cases	NA	NA	
Teenage Suicide Rate	Worse	Better	9
Low Birthweight Infants Born to Teens	Better	Worse	
Teen Birth Rate	Better	Worse	
All Low Birthweight Infants	Worse	Worse	
Infants Born with Late or No Prenatal Care	Worse	Worse	
Injury Death Rate	NA	Worse	
Use of Nutrition Programs	Better	Worse	
Welfare			
Children in Poverty	Worse	Worse	
Public Assistant Payments	Worse	Worse	
Unemployed Youth	Better	Worse	
Juvenile Custody Rate	Worse	Better	
Children Homicide Rate	Worse	Better	
Out-of-Wedlock Births	NA	Worse	
Children in Female-Headed Families	Worse	Worse	
Education			
High School Graduation Rate	Better	Worse	
Pupil/Teacher Ratio	Better	Worse	
Current $ Expend. per Pupil	Better	Worse	
Pupil Expenditure (as a % of Income per Capita)	Worse	Worse	
Average Teacher Salary	Better	Worse	
ACT Scores (28 States)	Better	Worse	

ALASKA	TREND IN ALASKA	COMPARE TO NATIONAL AVG.	RANK: AMONG TEN BEST STATES?
Health			
Infant Mortality Rate	Better	Worse	
Neonatal Mortality Rate	Better	Better	
Post - Neonatal Mortality Rate	Better	Worse	
Vaccine Preventable Diseases:			
Measles	Better	Better	
Mumps	Worse	Better	
Pertussis	Better	Better	
AIDS Cases	NA	NA	
Teenage Suicide Rate	Worse	Worse	
Low Birthweight Infants Born to Teens	Better	Better	1
Teen Birth Rate	Better	Better	5
All Low Birthweight Infants	Better	Better	1
Infants Born with Late or No Prenatal Care	Better	Better	
Injury Death Rate	NA	Worse	
Use of Nutrition Programs	Better	Worse	
Welfare			
Children in Poverty	Worse	Better	3
Public Assistant Payments	Better	Better	1
Unemployed Youth	Worse	Worse	
Juvenile Custody Rate	Better	Worse	
Children Homicide Rate	Worse	Worse	
Out-of-Wedlock Births	NA	Better	
Children Female-Headed Families	Worse	Better	
Education			
High School Graduation Rate	Better	Worse	
Pupil/Teacher Ratio	Worse	Better	
Current $ Expend. per Pupil	Better	Better	1
Pupil Expenditure (as a % of Income per Capita)	Better	Better	1
Average Teacher Salary	Better	Better	1
ACT Scores (28 States)	Worse	Worse	

ARIZONA	TREND IN ARIZONA	COMPARE TO NATIONAL AVG.	RANK: AMONG TEN BEST STATES?
Health			
Infant Mortality Rate	Worse	Better	
Neonatal Mortality Rate	Better	Better	9
Post - Neonatal Mortality Rate	Better	Worse	
Vaccine Preventable Diseases:			
Measles	Better	Better	
Mumps	Worse	Worse	
Pertussis	Worse	Worse	
AIDS Cases	NA	NA	
Teenage Suicide Rate	Worse	Worse	
Low Birthweight Infants Born to Teens	Worse	Better	
Teen Birth Rate	Better	Worse	
All Low Birthweight Infants	Worse	Better	
Infants Born with Late or No Prenatal Care	Worse	Worse	
Injury Death Rate	NA	Worse	
Use of Nutrition Programs	Better	Better	
Welfare			
Children in Poverty	Worse	Worse	
Public Assistant Payments	Better	Worse	
Unemployed Youth	Worse	Worse	
Juvenile Custody Rate	Worse	Worse	
Children Homicide Rate	Worse	Worse	
Out-of-Wedlock Births	NA	Worse	
Children in Female-Headed Families	Worse	Better	
Education			
High School Graduation Rate	Better	Worse	
Pupil/Teacher Ratio	Better	Worse	
Current $ Expend. per Pupil	Better	Worse	
Pupil Expenditure (as a % of Income per Capita)	Better	Worse	
Average Teacher Salary	Better	Worse	
ACT Scores (28 States)	Better	Better	9

ARKANSAS	TREND IN ARKANSAS	COMPARE TO NATIONAL AVG.	RANK: AMONG TEN BEST STATES?
Health			
Infant Mortality Rate	Worse	Better	
Neonatal Mortality Rate	Better	Better	
Post - Neonatal Mortality Rate	Better	Worse	
Vaccine Preventable Diseases:			
Measles	Better	Better	1
Mumps	Worse	Better	
Pertussis	Worse	Better	
AIDS Cases	NA	NA	
Teenage Suicide Rate	Better	Better	2
Low Birthweight Infants Born to Teens	Worse	Worse	
Teen Birth Rate	Better	Worse	
All Low Birthweight Infants	Worse	Worse	
Infants Born with Late or No Prenatal Care	Better	Worse	
Injury Death Rate	NA	Worse	
Use of Nutrition Programs	Better	Worse	
Welfare			
Children in Poverty	Worse	Worse	
Public Assistant Payments	Worse	Worse	
Unemployed Youth	Worse	Worse	
Juvenile Custody Rate	Better	Better	4
Children Homicide Rate	Worse	Better	
Out-of-Wedlock Births	NA	Worse	
Children Female-Headed Families	Worse	Better	
Education			
High School Graduation Rate	Better	Better	
Pupil/Teacher Ratio	Better	Better	
Current $ Expend. per Pupil	Better	Worse	
Pupil Expenditure (as a % of Income per Capita)	Better	Worse	
Average Teacher Salary	Better	Worse	
ACT Scores (28 States)	Better	Worse	

CALIFORNIA	TREND IN CALIFORNIA	COMPARE TO NATIONAL AVG.	RANK: AMONG TEN BEST STATES?
Health			
Infant Mortality Rate	Better	Better	8
Neonatal Mortality Rate	Better	Better	
Post - Neonatal Mortality Rate	Better	Better	
Vaccine Preventable Diseases:			
Measles	Better	Better	
Mumps	Better	Better	
Pertussis	Worse	Better	
AIDS Cases	NA	NA	
Teenage Suicide Rate	Worse	Better	
Low Birthweight Infants Born to Teens	Better	Better	8
Teen Birth Rate	Better	Better	
All Low Birthweight Infants	Worse	Better	
Infants Born with Late or No Prenatal Care	Worse	Better	
Injury Death Rate	NA	Better	
Use of Nutrition Programs	Better	Worse	
Welfare			
Children in Poverty	Worse	Worse	
Public Assistant Payments	Worse	Better	2
Unemployed Youth	Better	Worse	
Juvenile Custody Rate	Worse	Worse	
Children Homicide Rate	Worse	Worse	
Out-of-Wedlock Births	NA	Worse	
Children in Female-Headed Families	Worse	Worse	
Education			
High School Graduation Rate	Better	Worse	
Pupil/Teacher Ratio	Better	Worse	
Current $ Expend. per Pupil	Better	Worse	
Pupil Expenditure (as a % of Income per Capita)	Better	Worse	
Average Teacher Salary	Better	Better	5
SAT Scores (22 States)	Better	Better	4

COLORADO	TREND IN COLORADO	COMPARE TO NATIONAL AVG.	RANK: AMONG TEN BEST STATES?
Health			
Infant Mortality Rate	Better	Better	5
Neonatal Mortality Rate	Better	Better	6
Post - Neonatal Mortality Rate	Better	Better	
Vaccine Preventable Diseases:			
Measles	Better	Better	
Mumps	Better	Better	
Pertussis	Worse	Worse	
AIDS Cases	NA	NA	
Teenage Suicide Rate	Worse	Worse	
Low Birthweight Infants Born to Teens	Better	Worse	
Teen Birth Rate	Better	Better	
All Low Birthweight Infants	Same	Worse	
Infants Born with Late or No Prenatal Care	Better	Better	
Injury Death Rate	NA	Better	
Use of Nutrition Programs	Better	Better	
Welfare			
Children in Poverty	Worse	Better	
Public Assistant Payments	Worse	Same	
Unemployed Youth	Worse	Worse	
Juvenile Custody Rate	Better	Better	
Children Homicide Rate	Better	Better	
Out-of-Wedlock Births	NA	Better	
Children Female-Headed Families	Worse	Better	
Education			
High School Graduation Rate	Better	Better	
Pupil/Teacher Ratio	Better	Worse	
Current $ Expend. per Pupil	Better	Better	
Pupil Expenditure (as a % of Income per Capita)	Better	Better	
Average Teacher Salary	Better	Better	
ACT Scores (28 States)	Better	Better	7

CONNECTICUT	TREND IN CONNECTICUT	COMPARE TO NATIONAL AVG.	RANK: AMONG TEN BEST STATES?
Health			
Infant Mortality Rate	Better	Better	9
Neonatal Mortality Rate	Better	Worse	
Post - Neonatal Mortality Rate	Better	Better	1
Vaccine Preventable Diseases:			
Measles	Worse	Better	
Mumps	Better	Better	
Pertussis	Worse	Worse	
AIDS Cases	NA	NA	
Teenage Suicide Rate	Better	Better	
Low Birthweight Infants Born to Teens	Worse	Worse	
Teen Birth Rate	Better	Better	6
All Low Birthweight Infants	Better	Better	
Infants Born with Late or No Prenatal Care	Worse	Better	8
Injury Death Rate	NA	Better	2
Use of Nutrition Programs	Better	Better	2
Welfare			
Children in Poverty	Worse	Better	2
Public Assistant Payments	Better	Better	3
Unemployed Youth	Better	Better	1
Juvenile Custody Rate	Worse	Better	
Children Homicide Rate	Same	Better	
Out-of-Wedlock Births	NA	Better	
Children in Female-Headed Families	Worse	Worse	
Education			
High School Graduation Rate	Better	Better	
Pupil/Teacher Ratio	Better	Better	1
Current $ Expend. per Pupil	Better	Better	5
Pupil Expenditure (as a % of Income per Capita)	Better	Worse	
Average Teacher Salary	Better	Better	4
SAT Scores (22 States)	Better	Better	4

DELAWARE	TREND IN DELAWARE	COMPARE TO NATIONAL AVG.	RANK: AMONG TEN BEST STATES?
Health			
Infant Mortality Rate	Better	Worse	
Neonatal Mortality Rate	Better	Worse	
Post - Neonatal Mortality Rate	Better	Better	4
Vaccine Preventable Diseases:			
Measles	Worse	Worse	
Mumps	Better	Better	1
Pertussis	Worse	Better	
AIDS Cases	NA	NA	
Teenage Suicide Rate	Worse	Better	8
Low Birthweight Infants Born to Teens	Worse	Worse	
Teen Birth Rate	Better	Worse	
All Low Birthweight Infants	Worse	Worse	
Infants Born with Late or No Prenatal Care	Worse	Better	
Injury Death Rate	NA	Worse	
Use of Nutrition Programs	Better	Better	
Welfare			
Children in Poverty	Better	Better	10
Public Assistant Payments	Worse	Worse	
Unemployed Youth	Better	Better	4
Juvenile Custody Rate	Better	Worse	
Children Homicide Rate	Same	Better	
Out-of-Wedlock Births	NA	Worse	
Children Female-Headed Families	Worse	Worse	
Education			
High School Graduation Rate	Better	Worse	
Pupil/Teacher Ratio	Better	Better	
Current $ Expend. per Pupil	Better	Better	9
Pupil Expenditure (as a % of Income per Capita)	Better	Better	
Average Teacher Salary	Better	Better	
SAT Scores (22 States)	Better	Worse	10

FLORIDA	TREND IN FLORIDA	COMPARE TO NATIONAL AVG.	RANK: AMONG TEN BEST STATES?
Health			
Infant Mortality Rate	Better	Worse	
Neonatal Mortality Rate	Better	Worse	
Post - Neonatal Mortality Rate	Better	Worse	
Vaccine Preventable Diseases:			
Measles	Better	Better	
Mumps	Better	Better	
Pertussis	Better	Better	
AIDS Cases	NA	NA	
Teenage Suicide Rate	Worse	Better	
Low Birthweight Infants Born to Teens	Better	Worse	
Teen Birth Rate	Better	Worse	
All Low Birthweight Infants	Worse	Worse	
Infants Born with Late or No Prenatal Care	Same	Worse	
Injury Death Rate	NA	Worse	
Use of Nutrition Programs	Better	Worse	
Welfare			
Children in Poverty	Worse	Worse	
Public Assistant Payments	Worse	Worse	
Unemployed Youth	Better	Better	
Juvenile Custody Rate	Worse	Better	
Children Homicide Rate	Worse	Worse	
Out-of-Wedlock Births	NA	Worse	
Children in Female-Headed Families	Worse	Worse	
Education			
High School Graduation Rate	Worse	Worse	
Pupil/Teacher Ratio	Better	Better	
Current $ Expend. per Pupil	Better	Worse	
Pupil Expenditure (as a % of Income per Capita)	Better	Worse	
Average Teacher Salary	Better	Worse	
SAT Scores (22 States)	Better	Worse	

GEORGIA	TREND IN GEORGIA	COMPARE TO NATIONAL AVG.	RANK: AMONG TEN BEST STATES?
Health			
Infant Mortality Rate	Better	Worse	
Neonatal Mortality Rate	Better	Worse	
Post - Neonatal Mortality Rate	Better	Worse	
Vaccine Preventable Diseases:			
Measles	Better	Better	
Mumps	Worse	Better	
Pertussis	Better	Better	
AIDS Cases	NA	NA	
Teenage Suicide Rate	Worse	Better	
Low Birthweight Infants Born to Teens	Worse	Worse	
Teen Birth Rate	Better	Worse	
All Low Birthweight Infants	Better	Worse	
Infants Born with Late or No Prenatal Care	Worse	Worse	
Injury Death Rate	NA	Worse	
Use of Nutrition Programs	Better	Better	10
Welfare			
Children in Poverty	Worse	Worse	
Public Assistant Payments	Better	Worse	
Unemployed Youth	Worse	Worse	
Juvenile Custody Rate	Worse	Better	
Children Homicide Rate	Worse	Worse	
Out-of-Wedlock Births	NA	Worse	
Children Female-Headed Families	Worse	Better	
Education			
High School Graduation Rate	Worse	Worse	
Pupil/Teacher Ratio	Better	Worse	
Current $ Expend. per Pupil	Better	Worse	
Pupil Expenditure (as a % of Income per Capita)	Better	Worse	
Average Teacher Salary	Better	Worse	
SAT Scores (22 States)	Better	Worse	

HAWAII	TREND IN HAWAII	COMPARE TO NATIONAL AVG.	RANK: AMONG TEN BEST STATES?
Health			
Infant Mortality Rate	Worse	Better	
Neonatal Mortality Rate	Better	Better	
Post - Neonatal Mortality Rate	Same	Better	7
Vaccine Preventable Diseases:			
Measles	Better	Better	
Mumps	Same	Better	
Pertussis	Worse	Worse	
AIDS Cases	NA	NA	
Teenage Suicide Rate	Better	Better	1
Low Birthweight Infants Born to Teens	Better	Better	
Teen Birth Rate	Better	Better	
All Low Birthweight Infants	Better	Worse	
Infants Born with Late or No Prenatal Care	Same	Better	
Injury Death Rate	NA	Better	3
Use of Nutrition Programs	Better	Worse	
Welfare			
Children in Poverty	Worse	Better	
Public Assistance Payments	Worse	Better	5
Unemployed Youth	Better	Better	8
Juvenile Custody Rate	Worse	Better	
Children Homicide Rate	Worse	Better	
Out-of-Wedlock Births	NA	Better	
Children in Female-Headed Families	Worse	Better	
Education			
High School Graduation Rate	Worse	Worse	
Pupil/Teacher Ratio	Better	Worse	
Current $ Expend. per Pupil	Better	Worse	
Pupil Expenditure (as a % of Income per Capita)	Worse	Worse	
Average Teacher Salary	Better	Better	
SAT Scores (22 States)	Better	Worse	

IDAHO	TREND IN IDAHO	COMPARE TO NATIONAL AVG.	RANK: AMONG TEN BEST STATES?
Health			
Infant Mortality Rate	Worse	Worse	
Neonatal Mortality Rate	Worse	Worse	
Post - Neonatal Mortality Rate	Worse	Worse	
Vaccine Preventable Diseases:			
Measles	Same	Better	1
Mumps	Worse	Better	
Pertussis	Worse	Worse	
AIDS Cases	NA	NA	
Teenage Suicide Rate	Worse	Worse	
Low Birthweight Infants Born to Teens	Better	Better	4
Teen Birth Rate	Worse	Better	
All Low Birthweight Infants	Better	Better	7
Infants Born with Late or No Prenatal Care	Worse	Same	
Injury Death Rate	NA	Worse	
Use of Nutrition Programs	Better	Worse	
Welfare			
Children in Poverty	Worse	Worse	
Public Assistance Payments	Worse	Worse	
Unemployed Youth	Worse	Same	
Juvenile Custody Rate	Worse	Better	6
Children Homicide Rate	Worse	Better	
Out-of-Wedlock Births	NA	Better	2
Children Female-Headed Families	Worse	Better	5
Education			
High School Graduation Rate	Better	Better	
Pupil/Teacher Ratio	Better	Worse	
Current $ Expend. per Pupil	Better	Worse	
Pupil Expenditure (as a % of Income per Capita)	Better	Worse	
Average Teacher Salary	Better	Worse	
ACT Scores (28 States)	Better	Better	9

ILLINOIS	TREND IN ILLINOIS	COMPARE TO NATIONAL AVG.	RANK: AMONG TEN BEST STATES?
Health			
Infant Mortality Rate	Better	Worse	
Neonatal Mortality Rate	Better	Worse	
Post - Neonatal Mortality Rate	Better	Worse	
Vaccine Preventable Diseases:			
Measles	Better	Better	1
Mumps	Worse	Worse	
Pertussis	Better	Better	5
AIDS Cases	NA	NA	
Teenage Suicide Rate	Worse	Better	
Low Birthweight Infants Born to Teens	Worse	Worse	
Teen Birth Rate	Better	Better	
All Low Birthweight Infants	Worse	Worse	
Infants Born with Late or No Prenatal Care	Worse	Better	1
Injury Death Rate	NA	Better	
Use of Nutrition Programs	Better	Worse	
Welfare			
Children in Poverty	Worse	Worse	
Public Assistant Payments	Worse	Worse	
Unemployed Youth	Worse	Worse	
Juvenile Custody Rate	Worse	Better	
Children Homicide Rate	Worse	Worse	
Out-of-Wedlock Births	NA	Worse	
Children in Female-Headed Families	Worse	Worse	
Education			
High School Graduation Rate	Worse	Better	
Pupil/Teacher Ratio	Better	Better	
Current $ Expend. per Pupil	Better	Better	
Pupil Expenditure (as a % of Income per Capita)	Better	Worse	
Average Teacher Salary	Better	Better	
ACT Scores (28 States)	Better	Better	

INDIANA	TREND IN INDIANA	COMPARE TO NATIONAL AVG.	RANK: AMONG TEN BEST STATES?
Health			
Infant Mortality Rate	Better	Worse	
Neonatal Mortality Rate	Better	Worse	
Post - Neonatal Mortality Rate	Better	Worse	
Vaccine Preventable Diseases:			
Measles	Better	Better	1
Mumps	Worse	Worse	
Pertussis	Better	Better	
AIDS Cases	NA	NA	
Teenage Suicide Rate	Worse	Better	
Low Birthweight Infants Born to Teens	Same	Better	
Teen Birth Rate	Better	Worse	
All Low Birthweight Infants	Same	Better	
Infants Born with Late or No Prenatal Care	Worse	Better	
Injury Death Rate	NA	Better	
Use of Nutrition Programs	Better	Worse	
Welfare			
Children in Poverty	Worse	Worse	
Public Assistant Payments	Worse	Worse	
Unemployed Youth	Better	Better	
Juvenile Custody Rate	Worse	Better	
Children Homicide Rate	Worse	Better	
Out-of-Wedlock Births	NA	Better	
Children Female-Headed Families	Worse	Better	
Education			
High School Graduation Rate	Better	Better	
Pupil/Teacher Ratio	Better	Worse	
Current $ Expend. per Pupil	Better	Worse	
Pupil Expenditure (as a % of Income per Capita)	Better	Worse	
Average Teacher Salary	Better	Worse	
SAT Scores (22 States)	Better	Worse	

IOWA	TREND IN IOWA	COMPARE TO NATIONAL AVG.	RANK: AMONG TEN BEST STATES?
Health			
Infant Mortality Rate	Better	Better	3
Neonatal Mortality Rate	Better	Better	
Post - Neonatal Mortality Rate	Better	Better	5
Vaccine Preventable Diseases:			
Measles	Better	Better	
Mumps	Worse	Worse	
Pertussis	Worse	Worse	
AIDS Cases	NA	NA	
Teenage Suicide Rate	Worse	Worse	
Low Birthweight Infants Born to Teens	Worse	Better	
Teen Birth Rate	Better	Better	8
All Low Birthweight Infants	Worse	Better	10
Infants Born with Late or No Prenatal Care	Worse	Better	1
Injury Death Rate	NA	Better	
Use of Nutrition Programs	Better	Worse	
Welfare			
Children in Poverty	Worse	Worse	
Public Assistant Payments	Worse	Better	
Unemployed Youth	Worse	Better	
Juvenile Custody Rate	Worse	Better	
Children Homicide Rate	Better	Better	8
Out-of-Wedlock Births	NA	Better	6
Children in Female-Headed Families	Worse	Better	6
Education			
High School Graduation Rate	Better	Better	5
Pupil/Teacher Ratio	Better	Better	
Current $ Expend. per Pupil	Better	NA	
Pupil Expenditure (as a % of Income per Capita)	Better	Better	
Average Teacher Salary	Better	Worse	
ACT Scores (28 States)	Same	Better	1

KANSAS	TREND IN KANSAS	COMPARE TO NATIONAL AVG.	RANK: AMONG TEN BEST STATES?
Health			
Infant Mortality Rate	Better	Better	7
Neonatal Mortality Rate	Better	Better	4
Post - Neonatal Mortality Rate	Worse	Worse	
Vaccine Preventable Diseases:			
Measles	Better	Better	1
Mumps	Worse	Better	
Pertussis	Worse	Better	
AIDS Cases	NA	NA	
Teenage Suicide Rate	Better	Worse	
Low Birthweight Infants Born to Teens	Better	Better	
Teen Birth Rate	Better	Better	
All Low Birthweight Infants	Same	Better	
Infants Born with Late or No Prenatal Care	Worse	Better	
Injury Death Rate	NA	Worse	
Use of Nutrition Programs	Better	Worse	
Welfare			
Children in Poverty	Worse	Better	7
Public Assistant Payments	Worse	Better	
Unemployed Youth	Worse	Better	8
Juvenile Custody Rate	Worse	Worse	
Children Homicide Rate	Better	Better	
Out-of-Wedlock Births	NA	Better	
Children Female-Headed Families	Worse	Better	
Education			
High School Graduation Rate	Better	Better	9
Pupil/Teacher Ratio	Better	Better	
Current $ Expend. per Pupil	Better	Worse	
Pupil Expenditure (as a % of Income per Capita)	Better	Better	
Average Teacher Salary	Better	Worse	
ACT Scores (28 States)	Better	Better	

KENTUCKY	TREND IN KENTUCKY	COMPARE TO NATIONAL AVG.	RANK: AMONG TEN BEST STATES?
Health			
Infant Mortality Rate	Better	Better	
Neonatal Mortality Rate	Better	Better	
Post - Neonatal Mortality Rate	Better	Better	
Vaccine Preventable Diseases:			
Measles	Better	Better	1
Mumps	Worse	Worse	
Pertussis	Better	Better	3
AIDS Cases	NA	NA	
Teenage Suicide Rate	Worse	Better	
Low Birthweight Infants Born to Teens	Better	Better	
Teen Birth Rate	Better	Worse	
All Low Birthweight Infants	Worse	Worse	
Infants Born with Late or No Prenatal Care	Better	Better	
Injury Death Rate	NA	Same	
Use of Nutrition Programs	Better	Better	
Welfare			
Children in Poverty	Worse	Worse	
Public Assistant Payments	Worse	Worse	
Unemployed Youth	Worse	Worse	
Juvenile Custody Rate	Worse	Better	
Children Homicide Rate	Better	Better	
Out-of-Wedlock Births	NA	Better	
Children in Female-Headed Families	Worse	Better	
Education			
High School Graduation Rate	Better	Worse	
Pupil/Teacher Ratio	Better	Worse	
Current $ Expend. per Pupil	Better	Worse	
Pupil Expenditure (as a % of Income per Capita)	Better	Worse	
Average Teacher Salary	Better	Worse	
ACT Scores (28 States)	Better	Worse	

LOUISIANA	TREND IN LOUISIANA	COMPARE TO NATIONAL AVG.	RANK: AMONG TEN BEST STATES?
Health			
Infant Mortality Rate	Better	Worse	
Neonatal Mortality Rate	Better	Worse	
Post - Neonatal Mortality Rate	Better	Worse	
Vaccine Preventable Diseases:			
Measles	Better	Better	1
Mumps	Worse	Worse	
Pertussis	Worse	Worse	
AIDS Cases	NA	NA	
Teenage Suicide Rate	Worse	Worse	
Low Birthweight Infants Born to Teens	Better	Worse	
Teen Birth Rate	Better	Worse	
All Low Birthweight Infants	Worse	Worse	
Infants Born with Late or No Prenatal Care	Worse	Worse	
Injury Death Rate	NA	Worse	
Use of Nutrition Programs	Better	Better	
Welfare			
Children in Poverty	Worse	Worse	
Public Assistant Payments	Worse	Worse	
Unemployed Youth	Worse	Worse	
Juvenile Custody Rate	Worse	Worse	
Children Homicide Rate	Worse	Worse	
Out-of-Wedlock Births	NA	Worse	
Children Female-Headed Families	Worse	Worse	
Education			
High School Graduation Rate	Better	Worse	
Pupil/Teacher Ratio	Better	Worse	
Current $ Expend. per Pupil	Better	Worse	
Pupil Expenditure (as a % of Income per Capita)	Better	Better	
Average Teacher Salary	Better	Worse	
ACT Scores (28 States)	Better	Worse	

MAINE	TREND IN MAINE	COMPARE TO NATIONAL AVG.	RANK: AMONG TEN BEST STATES?
Health			
Infant Mortality Rate	Better	Better	6
Neonatal Mortality Rate	Better	Better	
Post - Neonatal Mortality Rate	Better	Better	8
Vaccine Preventable Diseases:			
Measles	Better	Better	
Mumps	Better	Better	7
Pertussis	Worse	Worse	
AIDS Cases	NA	NA	
Teenage Suicide Rate	Better	Better	
Low Birthweight Infants Born to Teens	Better	Better	5
Teen Birth Rate	Better	Better	
All Low Birthweight Infants	Same	Better	5
Infants Born with Late or No Prenatal Care	Worse	Better	2
Injury Death Rate	NA	Better	
Use of Nutrition Programs	Better	Worse	
Welfare			
Children in Poverty	Worse	Better	
Public Assistant Payments	Better	Better	
Unemployed Youth	Better	Better	7
Juvenile Custody Rate	Better	Better	
Children Homicide Rate	Better	Better	2
Out-of-Wedlock Births	NA	Better	
Children in Female-Headed Families	Worse	Better	
Education			
High School Graduation Rate	Better	Better	
Pupil/Teacher Ratio	Better	Better	7
Current $ Expend. per Pupil	Better	Worse	
Pupil Expenditure (as a % of Income per Capita)	Better	Better	
Average Teacher Salary	Better	Worse	
SAT Scores (22 States)	Better	Worse	

MARYLAND	TREND IN MARYLAND	COMPARE TO NATIONAL AVG.	RANK: AMONG TEN BEST STATES?
Health			
Infant Mortality Rate	Better	Worse	
Neonatal Mortality Rate	Better	Worse	
Post - Neonatal Mortality Rate	Better	Better	
Vaccine Preventable Diseases:			
Measles	Better	Better	
Mumps	Better	Better	
Pertussis	Worse	Better	
AIDS Cases	NA	NA	
Teenage Suicide Rate	Worse	Worse	
Low Birthweight Infants Born to Teens	Worse	Worse	
Teen Birth Rate	Better	Better	
All Low Birthweight Infants	Worse	Worse	
Infants Born with Late or No Prenatal Care	Better	Better	
Injury Death Rate	NA	Better	10
Use of Nutrition Programs	Better	Worse	
Welfare			
Children in Poverty	Worse	Better	4
Public Assistant Payments	Worse	Better	
Unemployed Youth	Better	Worse	
Juvenile Custody Rate	Better	Worse	
Children Homicide Rate	Better	Worse	
Out-of-Wedlock Births	NA	Worse	
Children Female-Headed Families	Worse	Worse	
Education			
High School Graduation Rate	Worse	Better	
Pupil/Teacher Ratio	Better	Better	
Current $ Expend. per Pupil	Better	Better	10
Pupil Expenditure (as a % of Income per Capita)	Better	Better	
Average Teacher Salary	Better	Better	8
SAT Scores (22 States)	Better	Better	4

MASSACHUSETTS	TREND IN MASS.	COMPARE TO NATIONAL AVG.	RANK: AMONG TEN BEST STATES?
Health			
Infant Mortality Rate	Better	Better	2
Neonatal Mortality Rate	Better	Better	
Post - Neonatal Mortality Rate	Worse	Better	3
Vaccine Preventable Diseases			
Measles	Worse	Better	
Mumps	Better	Better	
Pertussis	Worse	Worse	
AIDS Cases	NA	NA	
Teenage Suicide Rate	Better	Better	3
Low Birthweight Infants Born to Teens	Same	Better	
Teen Birth Rate	Better	Better	4
All Low Birthweight Infants	Better	Better	
Infants Born with Late or No Prenatal Care	Worse	Better	4
Injury Death Rate	NA	Better	1
Use of Nutrition Programs	Better	Worse	
Welfare			
Children in Poverty	Worse	Better	6
Public Assistant Payments	Better	Better	7
Unemployed Youth	Better	Better	3
Juvenile Custody Rate	Worse	Better	2
Children Homicide Rate	Worse	Better	
Out-of-Wedlock Births	NA	Better	
Children in Female-Headed Families	Worse	Worse	
Education			
High School Graduation Rate	Better	Better	
Pupil/Teacher Ratio	Better	Better	3
Current $ Expend. per Pupil	Better	Better	7
Pupil Expenditure (as a % of Income per Capita)	Better	Better	
Average Teacher Salary	Better	Better	10
SAT Scores (22 States)	Better	Better	7

MICHIGAN	TREND IN MICHIGAN	COMPARE TO NATIONAL AVG.	RANK: AMONG TEN BEST STATES?
Health			
Infant Mortality Rate	Better	Worse	
Neonatal Mortality Rate	Better	Worse	
Post - Neonatal Mortality Rate	Better	Better	
Vaccine Preventable Diseases			
Measles	Better	Better	
Mumps	Worse	Worse	
Pertussis	Worse	Better	
AIDS Cases	NA	NA	
Teenage Suicide Rate	Worse	Worse	
Low Birthweight Infants Born to Teens	Better	Better	
Teen Birth Rate	Better	Better	
All Low Birthweight Infants	Same	Worse	
Infants Born with Late or No Prenatal Care	Worse	Better	
Injury Death Rate	NA	Better	
Use of Nutrition Programs	Better	Better	7
Welfare			
Children in Poverty	Worse	Worse	
Public Assistant Payments	Worse	Better	
Unemployed Youth	Worse	Worse	
Juvenile Custody Rate	Worse	Better	
Children Homicide Rate	Worse	Better	
Out-of-Wedlock Births	NA	Better	
Children Female-Headed Families	Worse	Worse	
Education			
High School Graduation Rate	Worse	Worse	
Pupil/Teacher Ratio	Better	Worse	
Current $ Expend. per Pupil	Better	Better	
Pupil Expenditure (as a % of Income per Capita)	Same	Better	
Average Teacher Salary	Better	Better	6
ACT Scores (28 States)	Better	Same	

MINNESOTA	TREND IN MINNESOTA	COMPARE TO NATIONAL AVG.	RANK: AMONG TEN BEST STATES?
Health			
Infant Mortality Rate	Better	Better	
Neonatal Mortality Rate	Better	Better	10
Post - Neonatal Mortality Rate	Better	Worse	
Vaccine Preventable Diseases:			
Measles	Better	Better	
Mumps	Worse	Worse	
Pertussis	Better	Better	8
AIDS Cases	NA	NA	
Teenage Suicide Rate	Worse	Worse	
Low Birthweight Infants Born to Teens	Worse	Better	10
Teen Birth Rate	Better	Better	1
All Low Birthweight Infants	Worse	Better	3
Infants Born with Late or No Prenatal Care	Worse	Better	
Injury Death Rate	NA	Better	10
Use of Nutrition Programs	Better	Better	
Welfare			
Children in Poverty	Worse	Better	
Public Assistant Payments	Worse	Better	9
Unemployed Youth	Better	Better	5
Juvenile Custody Rate	Better	Better	
Children Homicide Rate	Worse	Better	5
Out-of-Wedlock Births	NA	Better	8
Children in Female-Headed Families	Worse	Better	4
Education			
High School Graduation Rate	Better	Better	1
Pupil/Teacher Ratio	Same	Better	
Current $ Expend. per Pupil	Better	Better	
Pupil Expenditure (as a % of Income per Capita)	Better	Better	
Average Teacher Salary	Better	Better	
ACT Scores (28 States)	Worse	Better	3

MISSISSIPPI	TREND IN MISS.	COMPARE TO NATIONAL AVG.	RANK: AMONG TEN BEST STATES?
Health			
Infant Mortality Rate	Better	Worse	
Neonatal Mortality Rate	Better	Worse	
Post - Neonatal Mortality Rate	Better	Worse	
Vaccine Preventable Diseases:			
Measles	Better	Better	
Mumps	Same	Better	1
Pertussis	Better	Better	6
AIDS Cases	NA	NA	
Teenage Suicide Rate	Better	Better	
Low Birthweight Infants Born to Teens	Better	Worse	
Teen Birth Rate	Better	Worse	
All Low Birthweight Infants	Better	Worse	
Infants Born with Late or No Prenatal Care	Better	Better	
Injury Death Rate	NA	Worse	
Use of Nutrition Programs	Better	Better	4
Welfare			
Children in Poverty	Worse	Worse	
Public Assistant Payments	Worse	Worse	
Unemployed Youth	Worse	Worse	
Juvenile Custody Rate	Better	Better	9
Children Homicide Rate	Worse	Worse	
Out-of-Wedlock Births	NA	Worse	
Children Female-Headed Families	Worse	Worse	
Education			
High School Graduation Rate	Better	Worse	
Pupil/Teacher Ratio	Better	Worse	
Current $ Expend. per Pupil	Better	Worse	
Pupil Expenditure (as a % of Income per Capita)	Better	Worse	
Average Teacher Salary	Better	Worse	
ACT Scores (28 States)	Better	Worse	

MISSOURI	TREND IN MISSOURI	COMPARE TO NATIONAL AVG.	RANK: AMONG TEN BEST STATES?
Health			
Infant Mortality Rate	Better	Worse	
Neonatal Mortality Rate	Better	Worse	
Post - Neonatal Mortality Rate	Better	Worse	
Vaccine Preventable Diseases			
Measles	Worse	Worse	
Mumps	Worse	Better	
Pertussis	Worse	Better	
AIDS Cases			
Teenage Suicide Rate	Worse	Worse	
Low Birthweight Infants Born to Teens	Better	Better	
Teen Birth Rate	Better	Worse	
All Low Birthweight Infants	Worse	Same	
Infants Born with Late or No Prenatal Care	Better	Better	
Injury Death Rate	NA	Better	
Use of Nutrition Programs	Better	Worse	
Welfare			
Children in Poverty	Worse	Better	
Public Assistant Payments	Worse	Worse	
Unemployed Youth	Worse	Worse	
Juvenile Custody Rate	Worse	Better	
Children Homicide Rate	Worse	Worse	
Out-of-Wedlock Births	NA	Better	
Children in Female-Headed Families	Worse	Better	
Education			
High School Graduation Rate	Better	Better	
Pupil/Teacher Ratio	Better	Better	
Current $ Expend. per Pupil	Better	Worse	
Pupil Expenditure (as a % of Income per Capita)	Better	Worse	
Average Teacher Salary	Better	Worse	
ACT Scores (28 States)	Better	Better	

MONTANA	TREND IN MONTANA	COMPARE TO NATIONAL AVG.	RANK: AMONG TEN BEST STATES?
Health			
Infant Mortality Rate	Better	Better	
Neonatal Mortality Rate	Better	Better	
Post - Neonatal Mortality Rate	Better	Worse	
Vaccine Preventable Diseases			
Measles	Worse	Worse	
Mumps	Better	Better	
Pertussis	Worse	Better	
AIDS Cases	NA	NA	
Teenage Suicide Rate	Better	Worse	
Low Birthweight Infants Born to Teens	Worse	Better	9
Teen Birth Rate	Better	Better	
All Low Birthweight Infants	Worse	Better	
Infants Born with Late or No Prenatal Care	Worse	Better	
Injury Death Rate	NA	Worse	
Use of Nutrition Programs	Better	Worse	
Welfare			
Children in Poverty	Worse	Worse	
Public Assistant Payments	Worse	Better	
Unemployed Youth	Worse	Worse	
Juvenile Custody Rate	Worse	Worse	
Children Homicide Rate	Worse	Better	
Out-of-Wedlock Births	NA	Better	
Children Female-Headed Families	Worse	Better	10
Education			
High School Graduation Rate	Better	Better	8
Pupil/Teacher Ratio	Better	Better	
Current $ Expend. per Pupil	Better	Better	
Pupil Expenditure (as a % of Income per Capita)	Better	Better	5
Average Teacher Salary	Better	Worse	
ACT Scores (28 States)	Better	Better	3

NEBRASKA	TREND IN NEBRASKA	COMPARE TO NATIONAL AVG.	RANK: AMONG TEN BEST STATES?
Health			
Infant Mortality Rate	Worse	Better	
Neonatal Mortality Rate	Better	Better	
Post - Neonatal Mortality Rate	Better	Better	
Vaccine Preventable Diseases:			
Measles	Better	Better	1
Mumps	Same	Better	
Pertussis	Better	Better	4
AIDS Cases	NA	NA	
Teenage Suicide Rate	Worse	Worse	
Low Birthweight Infants Born to Teens	Better	Better	
Teen Birth Rate	Better	Better	7
All Low Birthweight Infants	Same	Better	
Infants Born with Late or No Prenatal Care	Worse	Better	10
Injury Death Rate	NA	Better	
Use of Nutrition Programs	Better	Worse	
Welfare			
Children in Poverty	Worse	Better	
Public Assistance Payments	Worse	Better	
Unemployed Youth	Worse	Better	
Juvenile Custody Rate	Worse	Better	
Children Homicide Rate	Better	Better	4
Out-of-Wedlock Births	NA	Better	7
Children in Female-Headed Families	Worse	Better	8
Education			
High School Graduation Rate	Better	Better	4
Pupil/Teacher Ratio	Better	Better	9
Current $ Expend. per Pupil	Better	Worse	
Pupil Expenditure (as a % of Income per Capita)	Better	Better	
Average Teacher Salary	Better	Worse	
ACT Scores (28 States)	Worse	Better	5

NEVADA	TREND IN NEVADA	COMPARE TO NATIONAL AVG.	RANK: AMONG TEN BEST STATES?
Health			
Infant Mortality Rate	Better	Better	
Neonatal Mortality Rate	Better	Better	3
Post - Neonatal Mortality Rate	Worse	Worse	
Vaccine Preventable Diseases:			
Measles	Better	Better	
Mumps	Better	Better	1
Pertussis	Better	Better	1
AIDS Cases			
Teenage Suicide Rate	Worse	Worse	
Low Birthweight Infants Born to Teens	Worse	Better	
Teen Birth Rate	Better	Better	
All Low Birthweight Infants	Worse	Worse	
Infants Born with Late or No Prenatal Care	Worse	Worse	
Injury Death Rate	NA	Worse	
Use of Nutrition Programs	Better	Better	6
Welfare			
Children in Poverty	Worse	Better	8
Public Assistance Payments	Worse	Worse	
Unemployed Youth	Worse	Better	
Juvenile Custody Rate	Worse	Worse	
Children Homicide Rate	Better	Same	
Out-of-Wedlock Births	NA	Better	9
Children Female-Headed Families	Worse	Worse	
Education			
High School Graduation Rate	Better	Better	
Pupil/Teacher Ratio	Better	Worse	
Current $ Expend. per Pupil	Better	Worse	
Pupil Expenditure (as a % of Income per Capita)	Better	Worse	
Average Teacher Salary	Better	Worse	
ACT Scores (28 States)	Better	Worse	

NEW HAMPSHIRE	TREND IN NEW HAMP.	COMPARE TO NATIONAL AVG.	RANK: AMONG TEN BEST STATES?
Health			
Infant Mortality Rate	Better	Better	10
Neonatal Mortality Rate	Better	Better	
Post - Neonatal Mortality Rate	Worse	Better	10
Vaccine Preventable Diseases:			
Measles	Better	Worse	
Mumps	Better	Better	
Pertussis	Worse	Worse	
AIDS Cases	NA	NA	
Teenage Suicide Rate	Worse	Better	
Low Birthweight Infants Born to Teens	Better	Better	
Teen Birth Rate	Better	Better	2
All Low Birthweight Infants	Same	Better	9
Infants Born with Late or No Prenatal Care	Worse	Better	8
Injury Death Rate	NA	Better	4
Use of Nutrition Programs	Better	Better	
Welfare			
Children in Poverty	Better	Better	1
Public Assistant Payments	Worse	Better	
Unemployed Youth	Worse	Better	4
Juvenile Custody Rate	Better	Better	
Children Homicide Rate	Worse	Better	3
Out-of-Wedlock Births	NA	Better	4
Children in Female-Headed Families	Worse	Better	
Education			
High School Graduation Rate	Worse	Better	
Pupil/Teacher Ratio	Better	Better	
Current $ Expend. per Pupil	Better	Worse	
Pupil Expenditure (as a % of Income per Capita)	Better	Worse	
Average Teacher Salary	Better	Worse	
SAT Scores (22 States)	Better	Better	1

NEW JERSEY	TREND IN NEW JERSEY	COMPARE TO NATIONAL AVG.	RANK: AMONG TEN BEST STATES?
Health			
Infant Mortality Rate	Better	Better	
Neonatal Mortality Rate	Better	Better	
Post - Neonatal Mortality Rate	Better	Better	9
Vaccine Preventable Diseases:			
Measles	Better	Better	
Mumps	Better	Better	
Pertussis	Worse	Better	
AIDS Cases			
Teenage Suicide Rate	Worse	Better	8
Low Birthweight Infants Born to Teens	Worse	Worse	
Teen Birth Rate	Better	Better	
All Low Birthweight Infants	Better	Same	
Infants Born with Late or No Prenatal Care	Worse	Better	
Injury Death Rate	NA	Better	7
Use of Nutrition Programs	Same	Worse	
Welfare			
Children in Poverty	Worse	Better	
Public Assistant Payments	Worse	Better	
Unemployed Youth	Better	Better	6
Juvenile Custody Rate	Worse	Worse	
Children Homicide Rate	Better	Better	
Out-of-Wedlock Births	NA	Better	
Children Female-Headed Families	Worse	Worse	
Education			
High School Graduation Rate	Better	Better	
Pupil/Teacher Ratio	Better	Better	5
Current $ Expend. per Pupil	Better	Better	3
Pupil Expenditure (as a % of Income per Capita)	Better	Better	
Average Teacher Salary	Better	Better	9
SAT Scores (22 States)	Better	Worse	

NEW MEXICO	TREND IN NEWMEXICO	COMPARE TO NATIONAL AVG.	RANK: AMONG TEN BEST STATES?
Health			
Infant Mortality Rate	Better	Better	
Neonatal Mortality Rate	Better	Better	8
Post - Neonatal Mortality Rate	Better	Worse	
Vaccine Preventable Diseases:			
Measles	Worse	Worse	
Mumps	Same	Better	1
Pertussis	Better	Better	
AIDS Cases			
Teenage Suicide Rate	Better	Worse	
Low Birthweight Infants Born to Teens	Worse	Better	
Teen Birth Rate	Better	Worse	
All Low Birthweight Infants	Better	Worse	
Infants Born with Late or No Prenatal Care	Better	Worse	
Injury Death Rate	NA	Worse	
Use of Nutrition Programs	Better	Better	
Welfare			
Children in Poverty	Worse	Worse	
Public Assistant Payments	Worse	Worse	
Unemployed Youth	Worse	Worse	
Juvenile Custody Rate	Better	Worse	
Children Homicide Rate	Worse	Worse	
Out-of-Wedlock Births	NA	Worse	
Children in Female-Headed Families	Worse	Better	
Education			
High School Graduation Rate	Better	Better	
Pupil/Teacher Ratio	Worse	Worse	
Current $ Expend. per Pupil	Better	Worse	
Pupil Expenditure (as a % of Income per Capita)	Better	Better	
Average Teacher Salary	Better	Worse	
ACT Scores (28 States)	Better	Worse	

NEW YORK	TREND IN NEW YORK	COMPARE TO NATIONAL AVG.	RANK: AMONG TEN BEST STATES?
Health			
Infant Mortality Rate	Better	Worse	
Neonatal Mortality Rate	Better	Worse	
Post - Neonatal Mortality Rate	Better	Better	
Vaccine Preventable Diseases:			
Measles	Better	Better	
Mumps	Better	Better	
Pertussis	Worse	Worse	
AIDS Cases	NA	NA	
Teenage Suicide Rate	Worse	Better	4
Low Birthweight Infants Born to Teens	Worse	Worse	
Teen Birth Rate	Better	Better	
All Low Birthweight Infants	Worse	Worse	
Infants Born with Late or No Prenatal Care	Worse	Worse	
Injury Death Rate	NA	Better	7
Use of Nutrition Programs	Better	Worse	
Welfare			
Children in Poverty	Worse	Worse	
Public Assistant Payments	Worse	Better	6
Unemployed Youth	Better	Better	
Juvenile Custody Rate	Worse	Better	
Children Homicide Rate	Better	Worse	
Out-of-Wedlock Births	NA	Worse	
Children Female-Headed Families	Worse	Worse	
Education			
High School Graduation Rate	Worse	Worse	
Pupil/Teacher Ratio	Better	Better	10
Current $ Expend. per Pupil	Better	Better	2
Pupil Expenditure (as a % of Income per Capita)	Better	Better	3
Average Teacher Salary	Better	Better	3
SAT Scores (22 States)	Worse	Worse	

NORTH CAROLINA	TREND IN N. CAROL.	COMPARE TO NATIONAL AVG.	RANK: AMONG TEN BEST STATES?
Health			
Infant Mortality Rate	Better	Worse	
Neonatal Mortality Rate	Better	Worse	
Post - Neonatal Mortality Rate	Better	Worse	
Vaccine Preventable Diseases:			
Measles	Better	Better	
Mumps	Better	Better	
Pertussis	Worse	Worse	
AIDS Cases	NA	NA	
Teenage Suicide Rate	Worse	Better	
Low Birthweight Infants Born to Teens	Worse	Worse	
Teen Birth Rate	Better	Worse	
All Low Birthweight Infants	Better	Worse	
Infants Born with Late or No Prenatal Care	Worse	Better	10
Injury Death Rate	NA	Worse	
Use of Nutrition Programs	Better	Better	
Welfare			
Children in Poverty	Worse	Better	
Public Assistant Payments	Worse	Worse	
Unemployed Youth	Better	Better	
Juvenile Custody Rate	Worse	Better	
Children Homicide Rate	Worse	Better	
Out-of-Wedlock Births	NA	Worse	
Children in Female-Headed Families	Worse	Worse	
Education			
High School Graduation Rate	Better	Better	
Pupil/Teacher Ratio	Better	Worse	
Current $ Expend. per Pupil	Better	Worse	
Pupil Expenditure (as a % of Income per Capita)	Better	Worse	
Average Teacher Salary	Better	Better	
SAT Scores (22 States)	Better	Worse	

NORTH DAKOTA	TREND IN N. DAKOTA	COMPARE TO NATIONAL AVG.	RANK: AMONG TEN BEST STATES?
Health			
Infant Mortality Rate	Better	Better	1
Neonatal Mortality Rate	Better	Better	1
Post - Neonatal Mortality Rate	Better	Worse	
Vaccine Preventable Diseases:			
Measles	Worse	Better	
Mumps	Better	Better	10
Pertussis	Worse	Worse	
AIDS Cases			
Teenage Suicide Rate	Better	Better	
Low Birthweight Infants Born to Teens	Worse	Better	4
Teen Birth Rate	Better	Better	3
All Low Birthweight Infants	Worse	Better	2
Infants Born with Late or No Prenatal Care	Worse	Better	3
Injury Death Rate	NA	Better	
Use of Nutrition Programs	Better	Better	
Welfare			
Children in Poverty	Worse	Better	
Public Assistant Payments	Worse	Better	
Unemployed Youth	Worse	Better	10
Juvenile Custody Rate	Better	Better	7
Children Homicide Rate	Better	Better	1
Out-of-Wedlock Births	NA	Better	3
Children Female-Headed Families	Worse	Better	1
Education			
High School Graduation Rate	Better	Better	3
Pupil/Teacher Ratio	Better	Better	
Current $ Expend. per Pupil	Better	Worse	
Pupil Expenditure (as a % of Income per Capita)	Better	Better	
Average Teacher Salary	Better	Worse	
ACT Scores (28 States)	Better	Worse	

OHIO	TREND IN OHIO	COMPARE TO NATIONAL AVG.	RANK: AMONG TEN BEST STATES?
Health			
Infant Mortality Rate	Better	Worse	
Neonatal Mortality Rate	Better	Worse	
Post - Neonatal Mortality Rate	Better	Worse	
Vaccine Preventable Diseases:			
Measles	Better	Better	
Mumps	Better	Better	
Pertussis	Worse	Worse	
AIDS Cases			
Teenage Suicide Rate	Worse	Better	
Low Birthweight Infants Born to Teens	Worse	Better	
Teen Birth Rate	Better	Worse	
All Low Birthweight Infants	Worse	Better	
Infants Born with Late or No Prenatal Care	Better	Better	
Injury Death Rate	NA	Better	7
Use of Nutrition Programs	Better	Better	9
Welfare			
Children in Poverty	Worse	Better	
Public Assistant Payments	Worse	Worse	
Unemployed Youth	Better	Worse	
Juvenile Custody Rate	Worse	Worse	
Children Homicide Rate	Worse	Better	
Out-of-Wedlock Births	NA	Same	
Children in Female-Headed Families	Worse	Better	
Education			
High School Graduation Rate	Better	Better	8
Pupil/Teacher Ratio	Better	Worse	
Current $ Expend. per Pupil	Better	Worse	
Pupil Expenditure (as a % of Income per Capita)	Better	Worse	
Average Teacher Salary	Better	Worse	
ACT Scores (28 States)	Better	Better	9

OKLAHOMA	TREND IN OKLAHOMA	COMPARE TO NATIONAL AVG.	RANK: AMONG TEN BEST STATES?
Health			
Infant Mortality Rate	Better	Same	
Neonatal Mortality Rate	Better	Better	
Post - Neonatal Mortality Rate	Better	Worse	
Vaccine Preventable Diseases:			
Measles	Better	Better	
Mumps	Worse	Better	
Pertussis	Worse	Worse	
AIDS Cases	NA	NA	
Teenage Suicide Rate	Worse	Worse	
Low Birthweight Infants Born to Teens	Better	Better	
Teen Birth Rate	Better	Worse	
All Low Birthweight Infants	Better	Better	
Infants Born with Late or No Prenatal Care	Better	Worse	
Injury Death Rate	NA	Worse	
Use of Nutrition Programs	Better	Worse	
Welfare			
Children in Poverty	Worse	Worse	
Public Assistant Payments	Worse	Worse	
Unemployed Youth	Worse	Better	
Juvenile Custody Rate	Worse	Better	
Children Homicide Rate	Worse	Better	
Out-of-Wedlock Births	NA	Better	
Children Female-Headed Families	Worse	Better	
Education			
High School Graduation Rate	Better	Better	
Pupil/Teacher Ratio	Better	Better	
Current $ Expend. per Pupil	Better	Worse	
Pupil Expenditure (as a % of Income per Capita)	Better	Worse	
Average Teacher Salary	Better	Worse	
ACT Scores (28 States)	Better	Worse	

OREGON	TREND IN OREGON	COMPARE TO NATIONAL AVG.	RANK: AMONG TEN BEST STATES?
Health			
Infant Mortality Rate	Better	Better	
Neonatal Mortality Rate	Better	Better	2
Post - Neonatal Mortality Rate	Better	Worse	
Vaccine Preventable Diseases:			
Measles	Worse	Worse	
Mumps	Same	Better	1
Pertussis	Worse	Worse	
AIDS Cases			
Teenage Suicide Rate	Worse	Worse	
Low Birthweight Infants Born to Teens	Better	Better	6
Teen Birth Rate	Same	Better	
All Low Birthweight Infants	Worse	Better	4
Infants Born with Late or No Prenatal Care	Worse	Worse	
Injury Death Rate	NA	Worse	
Use of Nutrition Programs	Better	Better	
Welfare			
Children in Poverty	Worse	Better	
Public Assistant Payments	Worse	Better	
Unemployed Youth	Better	Better	
Juvenile Custody Rate	Better	Better	
Children Homicide Rate	Same	Better	
Out-of-Wedlock Births	NA	Better	
Children in Female-Headed Families	Worse	Better	
Education			
High School Graduation Rate	Better	Better	
Pupil/Teacher Ratio	Better	Worse	
Current $ Expend. per Pupil	Better	Better	
Pupil Expenditure (as a % of Income per Capita)	Worse	Better	7
Average Teacher Salary	Better	Better	
SAT Scores (22 States)	Better	Better	2

PENNSYLVANIA	TREND IN PENN.	COMPARE TO NATIONAL AVG.	RANK: AMONG TEN BEST STATES?
Health			
Infant Mortality Rate	Better	Better	
Neonatal Mortality Rate	Better	Worse	
Post - Neonatal Mortality Rate	Better	Better	
Vaccine Preventable Diseases:			
Measles	Better	Better	
Mumps	Better	Better	
Pertussis	Worse	Better	
AIDS Cases			
Teenage Suicide Rate	Worse	Better	
Low Birthweight Infants Born to Teens	Worse	Worse	
Teen Birth Rate	Better	Better	
All Low Birthweight Infants	Worse	Worse	
Infants Born with Late or No Prenatal Care	Worse	Better	
Injury Death Rate	NA	Better	6
Use of Nutrition Programs	Better	Better	
Welfare			
Children in Poverty	Worse	Better	
Public Assistant Payments	Worse	Better	
Unemployed Youth	Better	Better	
Juvenile Custody Rate	Worse	Better	4
Children Homicide Rate	Better	Better	
Out-of-Wedlock Births	NA	Worse	
Children Female-Headed Families	Worse	Better	
Education			
High School Graduation Rate	Better	Better	
Pupil/Teacher Ratio	Better	Better	
Current $ Expend. per Pupil	Better	Better	
Pupil Expenditure (as a % of Income per Capita)	Better	Better	10
Average Teacher Salary	Better	Better	
SAT Scores (22 States)	Better	Worse	

RHODE ISLAND	TREND IN R.I.	COMPARE TO NATIONAL AV	RANK: AMONG TEN BEST STATES?
Health			
Infant Mortality Rate	Better	Better	
Neonatal Mortality Rate	Better	Better	
Post - Neonatal Mortality Rate	Worse	Better	6
Vaccine Preventable Diseases:			
Measles	Same	Better	
Mumps	Same	Better	1
Pertussis	Worse	Better	
AIDS Cases			
Teenage Suicide Rate	Worse	Better	
Low Birthweight Infants Born to Teens	Better	Better	
Teen Birth Rate	Same	Better	
All Low Birthweight Infants	Worse	Better	
Infants Born with Late or No Prenatal Care	Worse	Better	5
Injury Death Rate	NA	Better	2
Use of Nutrition Programs	Better	Better	
Welfare			
Children in Poverty	Worse	Better	
Public Assistant Payments	Better	Better	10
Unemployed Youth	Better	Better	3
Juvenile Custody Rate	Better	Better	10
Children Homicide Rate	Same	Better	9
Out-of-Wedlock Births	NA	Better	
Children in Female-Headed Families	Worse	Worse	
Education			
High School Graduation Rate	Worse	Worse	
Pupil/Teacher Ratio	Better	Better	6
Current $ Expend. per Pupil	Better	Better	8
Pupil Expenditure (as a % of Income per Capita)	Better	Better	6
Average Teacher Salary	Better	Better	7
SAT Scores (22 States)	Better	Worse	9

SOUTH CAROLINA	TREND IN S. CAROLINA	COMPARE TO NATIONAL AVG.	RANK: AMONG TEN BEST STATES?
Health			
Infant Mortality Rate	Better	Better	
Neonatal Mortality Rate	Better	Worse	
Post - Neonatal Mortality Rate	Better	Worse	
Vaccine Preventable Diseases:			
Measles	Better	Better	
Mumps	Better	Better	
Pertussis	Better	Better	7
AIDS Cases			
Teenage Suicide Rate	Better	Better	5
Low Birthweight Infants Born to Teens	Better	Worse	
Teen Birth Rate	Better	Worse	
All Low Birthweight Infants	Better	Worse	
Infants Born with Late or No Prenatal Care	Worse	Worse	
Injury Death Rate	NA	Worse	
Use of Nutrition Programs	Better	Better	8
Welfare			
Children in Poverty	Worse	Worse	
Public Assistant Payments	Better	Worse	
Unemployed Youth	Better	Better	
Juvenile Custody Rate	Worse	Better	
Children Homicide Rate	Worse	Worse	
Out-of-Wedlock Births	NA	Worse	
Children Female-Headed Families	Worse	Worse	
Education			
High School Graduation Rate	Better	Worse	
Pupil/Teacher Ratio	Better	Better	
Current $ Expend. per Pupil	Better	Worse	
Pupil Expenditure (as a % of Income per Capita)	Better	Better	
Average Teacher Salary	Better	Worse	
SAT Scores (22 States)	Better	Worse	

SOUTH DAKOTA	TREND IN S. DAKOTA	COMPARE TO NATIONAL AVG.	RANK: AMONG TEN BEST STATES?
Health			
Infant Mortality Rate	Worse	Worse	
Neonatal Mortality Rate	Worse	Worse	
Post - Neonatal Mortality Rate	Worse	Worse	
Vaccine Preventable Diseases:			
Measles	Same	Better	1
Mumps	Worse	Worse	
Pertussis	Worse	Better	
AIDS Cases	NA	NA	
Teenage Suicide Rate	Worse	Worse	
Low Birthweight Infants Born to Teens	Better	Better	2
Teen Birth Rate	Better	Better	
All Low Birthweight Infants	Worse	Better	
Infants Born with Late or No Prenatal Care	Better	Better	
Injury Death Rate	NA	Worse	
Use of Nutrition Programs	Better	Worse	
Welfare			
Children in Poverty	Worse	Worse	
Public Assistant Payments	Worse	Worse	
Unemployed Youth	Worse	Better	9
Juvenile Custody Rate	Worse	Worse	
Children Homicide Rate	Worse	Better	
Out-of-Wedlock Births	NA	Better	
Children in Female-Headed Families	Worse	Better	7
Education			
High School Graduation Rate	Worse	Better	
Pupil/Teacher Ratio	Better	Better	
Current $ Expend. per Pupil	Better	Worse	
Pupil Expenditure (as a % of Income per Capita)	Better	Worse	
Average Teacher Salary	Better	Worse	
ACT Scores (28 States)	Better	Better	5

TENNESSEE	TREND IN TENNESSEE	COMPARE TO NATIONAL AVG.	RANK: AMONG TEN BEST STATES?
Health			
Infant Mortality Rate	Better	Worse	
Neonatal Mortality Rate	Better	Worse	
Post - Neonatal Mortality Rate	Better	Worse	
Vaccine Preventable Diseases:			
Measles	Better	Better	1
Mumps	Worse	Worse	
Pertussis	Better	Better	10
AIDS Cases			
Teenage Suicide Rate	Better	Better	10
Low Birthweight Infants Born to Teens	Better	Worse	
Teen Birth Rate	Better	Worse	
All Low Birthweight Infants	Same	Worse	
Infants Born with Late or No Prenatal Care	Better	Better	
Injury Death Rate	NA	Worse	
Use of Nutrition Programs	Better	Better	
Welfare			
Children in Poverty	Worse	Worse	
Public Assistant Payments	Worse	Worse	
Unemployed Youth	Worse	Better	
Juvenile Custody Rate	Better	Better	
Children Homicide Rate	Worse	Better	
Out-of-Wedlock Births	NA	Worse	
Children Female-Headed Families	Worse	Same	
Education			
High School Graduation Rate	Same	Worse	
Pupil/Teacher Ratio	Better	Worse	
Current $ Expend. per Pupil	Better	Worse	
Pupil Expenditure (as a % of Income per Capita)	Better	Worse	
Average Teacher Salary	Better	Worse	
ACT Scores (28 States)	Better	Worse	

TEXAS	TREND IN TEXAS	COMPARE TO NATIONAL AVG.	RANK: AMONG TEN BEST STATES?
Health			
Infant Mortality Rate	Better	Better	
Neonatal Mortality Rate	Better	Better	
Post - Neonatal Mortality Rate	Better	Better	
Vaccine Preventable Diseases:			
Measles	Worse	Better	
Mumps	Worse	Better	
Pertussis	Worse	Better	
AIDS Cases	NA	NA	
Teenage Suicide Rate	Better	Worse	
Low Birthweight Infants Born to Teens	Same	Better	
Teen Birth Rate	Better	Worse	
All Low Birthweight Infants	Better	Same	
Infants Born with Late or No Prenatal Care	Worse	Worse	
Injury Death Rate	NA	Worse	
Use of Nutrition Programs	Better	Worse	
Welfare			
Children in Poverty	Worse	Worse	
Public Assistant Payments	Better	Worse	
Unemployed Youth	Worse	Worse	
Juvenile Custody Rate	Worse	Better	
Children Homicide Rate	Worse	Worse	
Out-of-Wedlock Births	Worse	Better	
Children in Female-Headed Families	Worse	Worse	
Education			
High School Graduation Rate	Better	Worse	
Pupil/Teacher Ratio	Better	Better	
Current $ Expend. per Pupil	Better	Worse	
Pupil Expenditure (as a % of Income per Capita)	Better	Worse	
Average Teacher Salary	Better	Worse	
SAT Scores (22 States)	Better	Worse	

UTAH	TREND IN UTAH	COMPARE TO NATIONAL AVG.	RANK: AMONG TEN BEST STATES?
Health			
Infant Mortality Rate	Better	Better	4
Neonatal Mortality Rate	Better	Better	5
Post - Neonatal Mortality Rate	Better	Better	
Vaccine Preventable Diseases:			
Measles	Better	Better	
Mumps	Better	Better	7
Pertussis	Worse	Better	
AIDS Cases	NA	NA	
Teenage Suicide Rate	Worse	Worse	
Low Birthweight Infants Born to Teens	Better	Better	
Teen Birth Rate	Worse	Better	10
All Low Birthweight Infants	Better	Better	
Infants Born with Late or No Prenatal Care	Worse	Better	8
Injury Death Rate	NA	Worse	
Use of Nutrition Programs	Better	Worse	
Welfare			
Children in Poverty	Worse	Better	5
Public Assistant Payments	Worse	Better	
Unemployed Youth	Worse	Better	
Juvenile Custody Rate	Worse	Better	5
Children Homicide Rate	Better	Better	10
Out-of-Wedlock Births	NA	Better	1
Children Female-Headed Families	Worse	Better	3
Education			
High School Graduation Rate	Better	Better	10
Pupil/Teacher Ratio	Better	Worse	
Current $ Expend. per Pupil	Better	Worse	
Pupil Expenditure (as a % of Income per Capita)	Better	Worse	
Average Teacher Salary	Worse	Worse	
ACT Scores (28 States)	Better	Better	

VERMONT	TREND IN VERMONT	COMPARE TO NATIONAL AVG.	RANK: AMONG TEN BEST STATES?
Health			
Infant Mortality Rate	Worse	Better	
Neonatal Mortality Rate	Worse	Worse	
Post - Neonatal Mortality Rate	Better	Better	2
Vaccine Preventable Diseases:			
Measles	Better	Worse	
Mumps	Better	Better	
Pertussis	Worse	Better	
AIDS Cases	NA	NA	
Teenage Suicide Rate	Worse	Worse	
Low Birthweight Infants Born to Teens	Better	Better	
Teen Birth Rate	Better	Better	9
All Low Birthweight Infants	Better	Better	6
Infants Born with Late or No Prenatal Care	Worse	Better	
Injury Death Rate	NA	Worse	
Use of Nutrition Programs	Better	Better	1
Welfare			
Children in Poverty	Worse	Better	
Public Assistant Payments	Worse	Better	4
Unemployed Youth	Better	Better	1
Juvenile Custody Rate	Same	Better	1
Children Homicide Rate	Worse	Better	
Out-of-Wedlock Births	NA	Better	10
Children in Female-Headed Families	Worse	Better	
Education			
High School Graduation Rate	Worse	Better	
Pupil/Teacher Ratio	Better	Better	2
Current $ Expend. per Pupil	Better	Better	
Pupil Expenditure (as a % of Income per Capita)	Better	Better	8
Average Teacher Salary	Better	Worse	
SAT Scores (22 States)	Better	Better	3

VIRGINIA	TREND IN VIRGINIA	COMPARE TO NATIONAL AVG.	RANK: AMONG TEN BEST STATES?
Health			
Infant Mortality Rate	Better	Worse	
Neonatal Mortality Rate	Better	Worse	
Post - Neonatal Mortality Rate	Better	Same	
Vaccine Preventable Diseases:			
Measles	Better	Better	
Mumps	Better	Better	
Pertussis	Worse	Better	
AIDS Cases	NA	NA	
Teenage Suicide Rate	Better	Better	
Low Birthweight Infants Born to Teens	Better	Worse	
Teen Birth Rate	Better	Better	
All Low Birthweight Infants	Better	Worse	
Infants Born with Late or No Prenatal Care	Worse	Better	
Injury Death Rate	NA	Better	
Use of Nutrition Programs	Better	Worse	
Welfare			
Children in Poverty	Same	Better	8
Public Assistant Payments	Worse	Worse	
Unemployed Youth	Better	Better	
Juvenile Custody Rate	Worse	Worse	
Children Homicide Rate	Worse	Better	
Out-of-Wedlock Births	NA	Better	
Children Female-Headed Families	Worse	Better	
Education			
High School Graduation Rate	Better	Better	
Pupil/Teacher Ratio	Better	Better	
Current $ Expend. per Pupil	Better	Worse	
Pupil Expenditure (as a % of Income per Capita)	Better	Worse	
Average Teacher Salary	Better	Worse	
SAT Scores (22 States)	Better	Worse	8

WASHINGTON	TREND IN WASH.	COMPARE TO NATIONAL AVG.	RANK: AMONG TEN BEST STATES?
Health			
Infant Mortality Rate	Better	Better	
Neonatal Mortality Rate	Better	Better	7
Post - Neonatal Mortality Rate	Better	Worse	
Vaccine Preventable Diseases:			
Measles	Better	Better	
Mumps	Worse	Better	
Pertussis	Worse	Worse	
AIDS Cases	NA	NA	
Teenage Suicide Rate	Worse	Worse	
Low Birthweight Infants Born to Teens	Better	Better	7
Teen Birth Rate	Same	Better	
All Low Birthweight Infants	Worse	Better	8
Infants Born with Late or No Prenatal Care	Worse	Better	
Injury Death Rate	NA	Better	
Use of Nutrition Programs	Better	Worse	
Welfare			
Children in Poverty	Worse	Better	
Public Assistant Payments	Worse	Better	
Unemployed Youth	Worse	Worse	
Juvenile Custody Rate	Better	Worse	
Children Homicide Rate	Worse	Better	
Out-of-Wedlock Births	NA	Better	
Children in Female-Headed Families	Worse	Better	
Education			
High School Graduation Rate	Better	Better	
Pupil/Teacher Ratio	Better	Worse	
Current $ Expend. per Pupil	Better	Worse	
Pupil Expenditure (as a % of Income per Capita)	Better	Worse	
Average Teacher Salary	Better	Better	
SAT Scores (22 States)	NA	NA	

WASHINGTON, D.C.	TREND IN WASH. D.C.	COMPARE TO NATIONAL AVG.	RANK: AMONG TEN BEST STATES?
Health			
Infant Mortality Rate	Better	Worse	
Neonatal Mortality Rate	Better	Worse	
Post - Neonatal Mortality Rate	Better	Worse	
Vaccine Preventable Diseases:			
Measles	Worse	Better	
Mumps	Better	Better	
Pertussis	Same	Better	1
AIDS Cases	NA	NA	
Teenage Suicide Rate	Worse	Better	7
Low Birthweight Infants Born to Teens	Worse	Worse	
Teen Birth Rate	Better	Worse	
All Low Birthweight Infants	Better	Worse	
Infants Born with Late or No Prenatal Care	Better	Worse	
Injury Death Rate	NA	Worse	
Use of Nutrition Programs	Better	Better	5
Welfare			
Children in Poverty	Worse	Worse	
Public Assistant Payments	Worse	Better	
Unemployed Youth	Same	Worse	
Juvenile Custody Rate	Worse	Worse	
Children Homicide Rate	Worse	Worse	
Out-of-Wedlock Births	NA	Worse	
Children Female-Headed Families	Worse	Worse	
Education			
High School Graduation Rate	Worse	Worse	
Pupil/Teacher Ratio	Better	Better	9
Current $ Expend. per Pupil	Better	Better	4
Pupil Expenditure (as a % of Income per Capita)	Better	Better	
Average Teacher Salary	Better	Better	3
SAT Scores (22 States)	Better	Better	

WEST VIRGINIA	TREND IN W. VIRGINIA	COMPARE TO NATIONAL AVG.	RANK: AMONG TEN BEST STATES?
Health			
Infant Mortality Rate	Better	Better	
Neonatal Mortality Rate	Better	Better	
Post - Neonatal Mortality Rate	Better	Same	
Vaccine Preventable Diseases:			
Measles	Better	Better	1
Mumps	Worse	Better	
Pertussis	Worse	Worse	
AIDS Cases	NA	NA	
Teenage Suicide Rate	Worse	Worse	
Low Birthweight Infants Born to Teens	Same	Better	
Teen Birth Rate	Better	Worse	
All Low Birthweight Infants	Worse	Worse	
Infants Born with Late or No Prenatal Care	Worse	Worse	
Injury Death Rate	NA	Better	
Use of Nutrition Programs	Better	Worse	
Welfare			
Children in Poverty	Worse	Worse	
Public Assistant Payments	Worse	Worse	
Unemployed Youth	Worse	Worse	
Juvenile Custody Rate	Worse	Better	3
Children Homicide Rate	Better	Better	7
Out-of-Wedlock Births	NA	Better	
Children in Female-Headed Families	Worse	Better	9
Education			
High School Graduation Rate	Better	Better	
Pupil/Teacher Ratio	Better	Better	10
Current $ Expend. per Pupil	Better	Worse	
Pupil Expenditure (as a % of Income per Capita)	Better	Better	4
Average Teacher Salary	Better	Worse	
ACT Scores (28 States)	Better	Worse	

WISCONSIN	TREND IN WISCONSIN	COMPARE TO NATIONAL AVG.	RANK: AMONG TEN BEST STATES?
Health			
Infant Mortality Rate	Better	Better	
Neonatal Mortality Rate	Better	Better	
Post - Neonatal Mortality Rate	Same	Same	
Vaccine Preventable Diseases :			
Measles	Better	Worse	
Mumps	Worse	Worse	
Pertussis	Worse	Worse	
AIDS Cases	NA	NA	
Teenage Suicide Rate	Better	Worse	
Low Birthweight Infants Born to Teens	Worse	Better	
Teen Birth Rate	Better	Better	
All Low Birthweight Infants	Worse	Better	
Infants Born with Late or No Prenatal Care	Worse	Better	7
Injury Death Rate	NA	Better	5
Use of Nutrition Programs	Better	Better	
Welfare			
Children in Poverty	Worse	Better	
Public Assistant Payments	Worse	Better	8
Unemployed Youth	Better	Better	2
Juvenile Custody Rate	Worse	Better	
Children Homicide Rate	Worse	Better	
Out-of-Wedlock Births	NA	Better	
Children Female-Headed Families	Worse	Better	
Education			
High School Graduation Rate	Better	Better	7
Pupil/Teacher Ratio	Better	Better	
Current $ Expend. per Pupil	Better	Better	
Pupil Expenditure (as a % of Income per Capita)	Better	Better	8
Average Teacher Salary	Better	Better	
ACT Scores (28 States)	Worse	Better	3

WYOMING	TREND IN WYOMING	COMPARE TO NATIONAL AVG.	RANK: AMONG TEN BEST STATES?
Health			
Infant Mortality Rate	Worse	Worse	
Neonatal Mortality Rate	Better	Better	
Post - Neonatal Mortality Rate	Worse	Worse	
Vaccine Preventable Diseases:			
Measles	Worse	Better	
Mumps	Same	Better	1
Pertussis	Worse	Better	1
AIDS Cases	NA	NA	
Teenage Suicide Rate	Worse	Worse	
Low Birthweight Infants Born to Teens	Better	Better	
Teen Birth Rate	Better	Better	
All Low Birthweight Infants	Better	Same	
Infants Born with Late or No Prenatal Care	Worse	Better	
Injury Death Rate	NA	Worse	
Use of Nutrition Programs	Better	Better	3
Welfare			
Children in Poverty	Worse	Better	
Public Assistance Payments	Worse	Worse	
Unemployed Youth	Worse	Better	
Juvenile Custody Rate	Worse	Worse	
Children Homicide Rate	Better	Better	6
Out-of-Wedlock Births	NA	Better	5
Children in Female-Headed Families	Worse	Better	2
Education			
High School Graduation Rate	Better	Better	2
Pupil/Teacher Ratio	Better	Better	6
Current $ Expend. per Pupil	Better	Better	6
Pupil Expenditure (as a % of Income per Capita)	Better	Better	2
Average Teacher Salary	Worse	Worse	
ACT Scores (28 States)	Better	Better	8

UNITED STATES	TREND IN U.S.
Health	
Infant Mortality Rate	Better
Neonatal Mortality Rate	Better
Post - Neonatal Mortality Rate	Better
Vaccine Preventable Diseases:	
Measles	Better
Mumps	Worse
Pertussis	Worse
AIDS Cases	NA
Teenage Suicide Rate	Worse
Low Birthweight Infants Born to Teens	Same
Teen Birth Rate	Better
All Low Birthweight Infants	Same
Infants Born with Late or No Prenatal Care	Worse
Injury Death Rate	NA
Use of Nutrition Programs	Better
Welfare	
Children in Poverty	Worse
Public Assistance Payments	Worse
Unemployed Youth	NA
Juvenile Custody Rate	Worse
Children Homicide Rate	Worse
Out-of-Wedlock Births	NA
Children in Female-Headed Families	Worse
Education	
High School Graduation Rate	Better
Pupil/Teacher Ratio	Better
Current $ Expend. per Pupil	Better
Pupil Expenditure (as a % of Income per Capita)	Better
Average Teacher Salary	Better
ACT Scores / SAT Scores	Better / Better

Appendix

CHILD INDICATORS

1. **Infant Mortality Rate:** refers to the number of infants who die in their first year of life per 1000 live births. Years examined are 1982 and 1986. SOURCE: The Health of America's Children: Maternal and Child Health Data Book, The Children's Defense Fund, Washington, D.C., 1989.

2. **Neonatal Mortality Rate:** refers to the number of babies who die in their first 28 days of life per 1000 live births. Years examined are 1980 and 1986. SOURCE: The National Center for Health Statistics, Hyattsville, Maryland.

3. **Post-Neonatal Mortality Rate:** refers to the number of babies who die between 28 days and their first year of life per 1000 live births. Years examined are 1980 and 1986. SOURCE: The National Center for Health Statistics, Hyattsville, Maryland.

4. **Vaccine Preventable Diseases:** refers to the number of reported cases of diseases for children aged 0-19 per 100,000 children of the same age group. Years used are 1980 and 1987. SOURCE: Centers for Disease Control, Atlanta, Georgia. Population data from the Bureau of the Census, Washington, D.C.

   a. **Measles**
   b. **Mumps**
   c. **Pertussis (Whooping Cough)**

5. **AIDS Cases:** refers to the cumulative total numbers of reported AIDS cases through July 1989 for children less than 13 years of age. SOURCE: HIV/AIDS Surveillance Report, August 1989, Centers for Disease Control, Atlanta, Georgia.

6. **Teenage Suicide Rate:** refers to the number of reported suicides for children aged 10-19 per 100,000 children of the same age group. Years used are 1983 and 1986. SOURCE: The National Center for Health Statistics, Hyattsville, Maryland. Population data from the Bureau of the Census, Washington, D.C.

7. **Low Birthweight Infants Born to Teens:** refers to the percentage of infants born to teens that weigh less than 2500 grams. Years used are 1984 and 1986. SOURCE: The Health of America's Children: Maternal and Child Health Data Book, The Children's Defense Fund, Washington, D.C., 1989 and 1987.

8. **Teen Birth Rate:** refers to the percentage of all births to mothers under age twenty. Years used are 1984 and 1986. SOURCE: The Health of America's Children: Maternal and Child Health Data Book, The Children's Defense Fund, Washington, D.C., 1989 and 1987.

9. **All Low Birthweight Infants:** refers to the percentage of all infants born that weigh less than 2500 grams. Years used are 1982 and 1986. SOURCE: The Health of America's Children: Maternal and Child Health Data Book, The Children's Defense Fund, Washington, D.C., 1989.

10. **Infants Born with Late or No Prenatal Care:** refers to the percentage of infants born to mothers who received prenatal care in their third trimester or none at all. Years Used are 1983 and 1987. SOURCE: 1983 data: The Health of America's Children: Maternal and Child Health Data Book, The Children's Defense Fund, Washington, D.C., 1989. 1987 data: The National Center for Health Statistics, Hyattsville, Maryland.

11. **Injury Death Rate:** refers to the numbers of deaths for 23 causes of childhood injuries for children ages 0-14 per 100,000 children of the same age. Years used are 1980-1985 average. SOURCE: Childhood Injury State-By-State Mortality Facts, The Johns Hopkins Injury Prevention Center, The Johns Hopkins University School of Public Health, Baltimore, Maryland, January 1989.

12. **Use of Nutrition Programs:** refers to the percentage of the financially eligible population that is actually served by the Special Supplemental Food Program for Women, Infants and Children. Years used are 1986 and 1988. SOURCE: The Health of America's Children: Maternal and Child Health Data Book, The Children's Defense Fund, Washington, D.C., 1989 and 1987.

13. **Children in Poverty:** refers to the percentage of children under 18 who live in families with incomes below the federal poverty level. Years used are 1979 and 1983-1987 average. SOURCE: 1979 data: Children in Poverty, Committee on Ways and Means, U.S. House of Representatives, May 22, 1985, Committee Print. 1983-87 average: A Vision for America's Future: An Agenda for the 1990's, The Children's Defense Fund, Washington, D.C., 1989.

14. **Public Assistance Payments:** refers to the maximum Aid to Families with Dependent Children provided in each state as a percentage of the federal poverty level. Years used 1980 and 1988. SOURCE: Congressional Research Service, The Library of Congress, Report for Congress, Aid to Families with Dependent Children (AFDC): Need Standards, Payment Standards and Maximum Benefits for Families with No Countable Income, Washington, D.C., September 7, 1988.

15. **Unemployed Youth:** refers to the annual unemployment rate of the civilian non-institutional population, for youths aged 16-19 who are in the labor force either employed or looking for work. Years used are 1979 and 1988. SOURCE: U.S. Department of Labor, Bureau of Labor Statistics, Washington, D.C.

16. **Juvenile Custody Rate:** refers to the number of juveniles in public facilities per 100,000 children 10 years and up to the statutorily defined maximum age of juvenile court jurisdiction in each state. Years used are 1985 and 1987. SOURCE: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, Washington, D.C.

17. **Children Homicide Rate:** refers to the number of children aged 0-19 whose deaths are due to homicide and legal intervention per 100,000 children of the same age. Years used are 1983 and 1986. SOURCE: The National Center for Health Statistics, Hyattsville, Maryland. Population data from the Bureau of the Census, Washington, D.C.

18. **Out of Wedlock Births:** percent of infants born out-of-wedlock. Year used is 1986. SOURCE: A Vision for America's Future: An Agenda for the 1990's, The Children's Defense Fund, Washington, D.C., 1989.

19. **Percent of Children in Female-Headed Families:** refers to the percent of children under age 18 who live in households headed by women with no husband present. Years used are 1970 and 1980. SOURCE: Congressional Research Service.

20. **High School Graduation Rate:** refers to the percentage of students that graduate from public high school (adjusted for migration and unclassified students). Years used are 1982 and 1987. SOURCE: U.S. Department of Education, Washington, D.C.

21. **Pupil/Teacher Ratio:** refers to the number of pupils for every one teacher in public schools. Years used are 1982 and 1988. SOURCE: U.S. Department of Education, Washington, D.C.

22. **Current Dollar Expediture per Pupil:** refers to the amount of money spent on each pupil in public schools. Years used are 1982 and 1987. SOURCE: U.S. Department of Education, Washington, D.C.

23. **Pupil Expenditure (as a % of Income per Capita):** refers to the amount of money spent on each pupil in public schools in each state divided by the average income per capita of that state. Years used are 1982 and 1987. SOURCE: U.S. Department of Education, Washington, D.C.

24. **Average Teacher Salaries:** refers to the average annual salaries of all public school teachers. Years used are 1987 and 1988. SOURCE: U.S. Department of Education, Washington, D.C.

25. **ACT Scores:** refers to the average score received on the American College Testing Program (exam taken in 28 states). Years used are 1982 and 1988. SOURCE: U.S. Department of Education, Washington, D.C.

26. **SAT Scores:** refers to the average score received on the Scholastic Aptitude Test (exam taken in 22 states). Years used are 1982 and 1988. SOURCE: U.S. Department of Education, Washington, D.C.

PREPARED STATEMENT OF KRISTIE JOY DRURY

Hello, Members of Congress, my name is Kristie Drury. I represent Oklahoma. I live in Tulsa. I'm 11 years old and in the 6th grade at Boevers Elementary. Ever since Kindergarten I've been mainstreamed in school and I think that's very important because I get the chance to do most everything everyone else gets to do.

I'm active in Girl Scouts and started band this year. It's hard to play the flute but my Mom says "Never give up Kristie, you can do anything you want," and I believe her. I like to ride horses at a therapeutic riding center at Broken Arrow, OK. I also would like to play tennis. In July the Spina Bifida Association had their yearly conference and they showed us how to play tennis. It was fun.

That's just the stuff I can do. There's things I can't do and I would like to see some changes made. I think we need more adaptive P.E. so we can have as much fun as the next guy. I also think we need more curb cuts. Whenever I go someplace with my Mom and Dad, we always have to lift my cart to get up to the sidewalk.

I think we need more education for teachers about our disabilities and special needs. One of the most important reasons I've been able to be mainstreamed is because my school has a full-time nurse. I think that's important because most schools don't have a nurse to help kids like me with their special needs.

In a way it's like AIDS, nobody knows enough about our disabilities to do anything about it. But we're going to show them what we're made of. After all, we are part of the next generation, the senators, representatives, presidents. You've got to make the laws better so we can live better lives and help other people understand that we're not really any different than they are.

PREPARED STATEMENT OF FELICIA DIXON

I am Felicia Dixon, a sixteen year-old single mother. Presently, I am an eleventh grade student in the Hazlehurst High School. My family and I have lived in Hazlehurst, Mississippi-a small, rural town--for all of my life.

I have a six month old daughter, Denetriotta, who we call Ne-Ne. It was difficult and embarrassing when I first discovered that I was pregnant. My parents were upset and angry. I was very lucky because my family has given me and my baby support, love and a nice home. I am very thankful that my mother takes care of my baby while I go to school. However, even with my family's help it is confusing being a single, young, inexperienced mother. It is also difficult being dependent upon your parents and not being able to provide for your baby. I would like very much to have a job, but no one wants to hire me because I am too young and do not have any job skills.

I am also fortunate in that my school provides a Teen Parenting class and Daycare for teen parent's children. This will be helpful in learning child development and how to be a good parent.

There need to be more teen parenting classes and Daycare services for babies of teen mothers. Many teen mothers do not have Daycare at school and they do not have anyone to keep their babies so they drop out of school. Schools and teachers need to be more kind and helpful with teen mothers. It is very hard to stay in school and study when you have a baby to take care of and you do not have a good family life.

Often, they do not have transportation to school or daycare. Transportation is often a big problem for the teen mothers. In my area, some mothers must travel twenty-five miles to school or to the Health Department.

Health care is another problem for the teen parent. Teen parents often do not have the money to pay for services. The Health Department is often crowded and it takes several days to get an appointment. For many young people, leaving school to go to the Health Department is difficult and embarrassing. A school-based health program could serve teen parents and their children and also provide contraceptives for preventing teen pregnancies. Many young girls have abortions because they think that they are too young to have a baby. I, personally, do not think that abortion is the answer. If the young girl does not want the baby, she should give the baby up for adoption. Counseling services for the pregnant teenager would help them in making good decisions.

Teens have many problems with contraceptives. Teens do not think that they will get pregnant and often do not use contraceptives. Schools should teach sex education before girls get pregnant and encourage both boys and girls to use contraceptives.

Many teen mothers live in terrible situations where there is prostitution and drug abuse. Some mothers and their babies do not have a place to live and others are living in homes where they are abused. Communities need to provide sheltered homes for teen mothers who do not have families to help take care of them. These mothers need a place to live and raise healthy babies.

One of my biggest problems and one that faces most teen parents, is employment. Teens need part-time jobs while they are in school or job training programs so that they can get skills for working. Teens want to be independent and support their babies but they do not have the job opportunities or job skills.

I have written mostly about teen mothers, yet teen mother's babies have fathers. These fathers need to provide child support for their babies. If they do not have jobs, they need job training and employment. If the fathers refuse to support their children, laws requiring child support need to be enforced more than they are at present.

I am thankful and blessed for my family and healthy baby. Having a family to support and care for you when you have a baby, is most important when you are young and single. Many young mothers and their babies are not so fortunate to have a family to help them and they need many services. In my opinion, it is very important that all teen mother have day care, transportation, good health care, education, job training and skills. Providing these services will help to make better families, better communities and a better America

PREPARED STATEMENT OF LEE OAKMAN

Chairpersons, Committee Members, Senators, and Representatives:

Thank you for this opportunity to speak with you on behalf of the Youth in Minnesota.

Today we have six youth, representing the State of Minnesota. We are no way different from the other people our age except we have been given the opportunity to shine through our involvement in various volunteer and leadership organizations. These organizations are sponsored by our communities, churches, state, and/or federal government.

The wants of today's youth might best be indicated by a Report of Work Group Discussions entitled, What Do Minnesota Youth Want and Need? This report, conducted by the Minnesota Department of Education, lists a few of the major needs of Minnesota students.

-- We need to have visions of what might be possible for us to be and to do.

-- We need to participate as citizens, as members of a household, as workers, and as responsible members of society.

-- We want to be able to have options in the way we learn and meet our special needs.

-- We want to gain experiences as decision-makers.

Many of these needs and wants can be met through involvement in various organizations such as Fresh Force. This organization in Minnesota invites youth to develop and participate in community betterment projects. Some of Fresh Force's activities include tutoring, helping handicapped children play and learn, and monitoring public parks.

Youth leadership is another area in which young people can excel. When given the opportunity and trust, youth can perform well above what is expected of them. The Future Homemakers of America organization, also being called Future Leaders of America on some local levels, promotes teens to take action for recognition. This organization, with which I am involved, encourages students to speak publicly with other youth about problems affecting them in today's society. Some of these presentations have been on the following topics: stress, self-esteem, substance abuse, teen pregnancy, teen suicide, and wisdom acceptance of the elderly.

Kids Incorporated is an organization which focuses on the need in the rural community for special education services for the learning disabled. One of Kids Incorporated's programs is Camp Buckskin, which provides a relaxed learning environment for emotional and learning disabled youth.

Cultural awareness is also an area in which we need to expand. This program promotes greater understanding of attitudes and values of other individuals in our global society.

Active involvement in crime prevention is another form of community service. Various organizational and leadership skills must be incorporated for involvement in this activity.

Through programs like these in Minnesota, youth have been developing communication, leadership and organizational skills, and self-esteem, all of which will be essential for our future. We need to continue and increase funding for vocational and volunteer organizations. This funding is to support their purpose and adequately compensate qualified leaders.

We must ensure that today's youth continue to take an active part in our future. Young people have much to offer in areas such as the arts, politics, athletics, music, or thought. Today's young people are not necessarily the problem; they are the solution!

PREPARED STATEMENT OF RONALD MENARD

My name is Ronald Menard and I am a Senior at Cathedral High School in Boston, MA. I am one of over 9,000 peer leaders who are part of Governor Dukakis' Massachusetts Peer Leadership Network.

I want to speak with you today about what it is like to live in and to go to school in an inner city neighborhood that is plagued with violence and more importantly what we as peer leaders are doing to turn this around and prevent violence from happening.

Homicide is the second leading cause of death for adolescents. Too often the lives of teenagers are wasted over incidents most of us consider trivial-- an insult, a rumor, a long stare. For many young people, saving face is all-important. They knew of only one way to resolve their anger, and that is by striking out, often with serious consequences. The hardest fact to consider about adolescent violence is that the victims are not strangers or even enemies. They are acquaintances, buddies, and best friends.

At Cathedral High School in Boston and like many of the over 200 schools with peer programs in Massachusetts, all students take a course in Adolescent Violence prevention. The Violence Prevention Program is designed to:

o talk about anger as a normal emotion

o alert students to the risks of being either a victim or perpetrator of violence

o discuss the potential gains and losses involved in fighting

For example, students may fight to save face. However, students also recognize that fighting can lead to school expulsion, arrest, jail time or getting hurt themselves.

o the program offers positive ways to handle anger and frustration by teaching interpersonal and coping skills.

As a peer leader, I have asked younger kids the question, "What do you think of when I say the word VIOLENCE?" The answer is always a description of our society. Rambo, Clint Eastwood, Miami Vice, cartoons, street crime, war, apartheid, child abuse, drugs. This is what surrounds us.

Violence prevention education works. I have noticed a big change in my school and my neighborhood since our violence prevention program began. Before the program there were fights at the subway station every afternoon. Now fights are a rarity. This is because fellow peer leaders took a chance and acted as positive role models showing that there are better ways to deal with anger than to fight with one another. People lose friends by fighting.

The answer does not lie in more police or more prisons. The answer lies in education, like the program at our school, in better opportunities for education in general, in more programs for kids who live in the city and need places to go after school and people to provide positive role-models for them.

Kids need to feel good about themselves and to have a vision of a prosperous future in order to make good choices. We need skills and role models. We need a chance and I would ask you to give us that chance by taking a hard look at society as it exists and to stop blaming kids for making poor choices without offering them opportunities to learn better ways to take care of themselves such as peer leadership.

In order to continue these programs we need continued funding. Congress has made a commitment to us young people with the Drug Free School Act. And Bush has commited a 12¢ increase for every student for prevention education but we need more. Prevention education should be considered a priority in this country and to do it right it is going to take more than 12¢.

Thank you for your time.

PREPARED STATEMENT OF MARIE VOLLSTEDT

> On June 4, 1987, a young girl walked into the police station, determined to do everything possible to keep her abusive family from sabotaging her life. It is a step no one wants to think about, yet so many must for survival.

Just like many children all over the world, I took one big step towards life. After making the police reports against my father and brothers for sexual abuse, I was placed in the care of Children's Services Division (C.S.D.). C.S.D. provided me with substitute care, which meant I moved in with a family completely opposite of what I had known for fourteen years.

For all I knew these people I moved in with could be exactly like my own family. My trust was a gift bestowed upon no one. In the foster home I felt as though I was an alien only visiting this planet. I was used to pain and abuse, not a family which cared enough to take me into their home.

As I went through the court system testifying against my family, I moved to another foster home that could meet my needs of physical protection. A pattern of moving from home to home began to take place.

I have now been in foster care for two-and-half years. There are many important issues involved with foster care which I have had to deal with. I have started a support group for foster children, and I am president. Through this I have counseled many kids in foster care, as well as those in natural homes, expanding my own knowledge and understanding.

The first experience I had from .D. was moving from foster home to foster home. When I left my family I felt abandoned and unwanted. I had a hard time trusting people even under favorable conditions, but when you are moving around constantly, it is too much to ask. I, like most, decided I was not going to get hurt anymore. Once was enough. I became a fake person again, with a mask to hide any feelings of pain.

As we go out to face the world for the first time, with hope as a "real" person, we realize, harshly, we are no longer considered "normal". Society looks at foster children, without their "real" family, standing outside - alone. They decide that there most have been something wrong with us, which caused our parents to reject us. Society pictures us as the dirty children that steal and run rampant throughout the city. No one seems to realize that all children start out as babies, and babies can take only so much pain and neglect, before they close themselves off from the world of pain forever. Through the eyes of many foster children the world is full of pain, with love enough only for "normal" children. Much of the time there is an overwhelming thought of worthlessness that keeps you striving for the love you're not sure exists for you. Society can offer pity much easier than acceptance.

All of us need a stable environment. Foster Children need this even more because more than most, we must be in control to protect ourselves from being hurt. Starting out with a shaky foundation gives you little hope when you begin to rebuild your shattered life anew.

I have yet to meet a child in foster care who can say, "I'm o.k." Neglected by their biological families and labeled by society as second-class citizens - failures, the situation takes its toll on their self-esteem. Foster children begin viewing themselves as bad, unwanted, and alone. Our dreams and aspirations drop because we begin to see ourselves as failures. The children start becoming what society sees; we often become a self-fulfilling prophecy. The reaction of others is the mirror, in which we look. At first we are hopeful, yet now we are condemned by the reflection we see in society's mirror. I dream of the day we can look into our own mirror and realize what all of us truly are: the future. Unless children are taken care of there will be no future.

Today I am a happy sixteen year-old girl. My foster parents are my parents. I am fortunate to find a home willing to help me rebuild a strong foundation. With the shortage of foster homes, and the recent increase of homeless children, many kids will never have the chance I have gotten. I know there is much pain in the world and desperate need, but today I have faith in the future.

ARED STATEMENT OF JENNIFER GAMBLE

I began researching the homeless problem last fall after having seen many homeless people in Washington, D.C., and witnessing a soup line outside of the Rescue Mission in Martinsburg. At that time I realized that the homeless problem was not just limited to large cities, but that it was right in my hometown.

I felt that I wanted to identify one specific need of the homeless population. I then wanted to find a way to solve that need. I spoke to staff members at the Department of Human Services and asked them to tell me what was needed. The specific item which they found was the need for manual can openers. Many of the homeless were being housed in motels. These people had ample food which had been donated, but they had no means of opening the cans. My goal then became that of trying to raise enough money to purchase thirty manual can openers.

I decided to create buttons which contained the slogan "No Place Like Home." I also stenciled a small black house in the center. My parents gave me the money to purchase the first hundred buttons. I decided to market them through the Eastern Panhandle Training Center. The first batch did not make it home. My project was off and running. Sales began to skyrocket, and the next challenge was to keep up with the demand.

Eight hundred and fifty-two buttons later, I have helped to raise the level of community awareness pertaining to the homeless. I have purchased thirty can openers, held a Valentine's Party for the children at Bethany Shelter, provided seventeen Easter baskets for homeless children housed in Bethany Shelter and Willowbrook, provided $130.00 worth of basic supplies to assist with the opening of Willowbrook Shelter, replaced a storm damaged door in Bethany Shelter, provided diapers, paper products and medicine for the homeless of Martinsburg. With the additional money I have opened a special checking account at the Farmer's and Merchant's Bank in Martinsburg. When a homeless person has a special need I am contacted by the shelter or Department of Human Services and I obtain the needed item.

As part of my research on this project I decided to survey U.S. Congressmen and Senators. I made up a survey and it was distributed by Congressman Harley Staggers. I asked the members of Congress to rank the problems of homelessness in relation to other national issues. Out of the nine items which were listed they ranked homelessness number 5. I received a total of 52 letters.

CONGRESSIONAL RANKINGS
FEBRUARY 1989

1. National Deficit
2. Education
3. National Defense
4. Environment
5. Homelessness
6. Drugs
7. Aids
8. Abortion
9. Handgun Control

On June 28, 1989, I was recognized by Governor Gaston Caperton for my work with the homeless of my community. I was presented with the Distinguished West Virginian Award.

I am so happy and proud that my community did make a difference in the lives of the homeless. I have been blessed to have been born in a family rich in love and support. They gave me the guidance to help others who are not so fortunate. I hope to inspire other communities to use my project idea. If every city in every state would make the effort we could conquer this problem. I do believe that the future begins here and now.

PREPARED STATEMENT OF DR. DONALD W. SCHIFF

Chairman Miller, Chairwoman Boxer, and members of the Select Committee and of the Budget Committee's Task Force on Human Resources, good morning. I am Dr. Don Schiff, professor of pediatrics at the University of Colorado Medical Center and president of the American Academy of Pediatrics. The Academy, an organization of 38,000 pediatricians specializing in the care of infants, children and adolescents, is pleased to have this opportunity to testify on the status of child health in America.

You have convened this hearing to begin to examine the needs of infants, children and adolescents and how those needs might be met in fiscal year 1991. The Academy commends your foresight in beginning now to look carefully at such needs. The fiscal challenge of recent years has been how to provide sufficient monies for critical federal programs for our children during a time of fiscal retrenchment with the prospects for expanding existing programs or creating new ones being bleaker still.

For some time now the Academy has pointed out that the United States needs a national policy for its children -- a policy which would recognize and affirm our commitment to future generations. Such a policy should state that the "health" of a child goes further than the medical status. We have learned that to grow into productive adults, children need nurturing; they need a good education; they need nutritious food; they need an environment free of harmful contaminants; they need a safe place in which to grow and develop. By incorporating these needs into a statement of concern and commitment, Congress would be dedicating itself to future generations.

There is some good news to report. Through advances in medical technology and services, many severely-ill or low birthweight infants now survive. Children with a broad range of disabilities are being treated outside the hospital setting and are attending school. Through immunizations and other preventive health services, we keep our children from experiencing many illnesses which plagued previous generations. So, medically speaking, we can be proud of our accomplishments.

We know all the statistics, and I do not wish to detail them in this statement, but a child is not a statistic; he or she is much more. The infant born today of drug-addicted parents living in poverty faces the prospect of possible abuse or abandonment by those parents. Teens are confronted with frequent opportunities to use and abuse drugs, alcohol, sex, tobacco, fast cars, and guns. Many children are left to take care of themselves and younger siblings because their working parents cannot find or afford child care. Other children attend schools that are overcrowded or cannot provide a stimulating educational experience. We must ask ourselves, "Are these enriching experiences? Are we doing all we can to provide for our children?"

As a nation we must shift public policy to reflect our commitment to children by providing the critical federal support needed for health, social, and educational programs. We believe the time has come for political leaders to not only declare their verbal support for infants, children and adolescents, but they must also commit the necessary fiscal and administrative resources.

The Academy has determined that its number one priority for this year, and for the next several years, is to achieve access to quality health care for all infants, children and adolescents. As this nation moves forward with the design of a national health plan, our children must come first. Resources may dictate a phased in approach and, in our opinion, this should be the age group of 0-21. Tough choices, but very necessary.

As child advocates and also as Members of Congress, you are faced with a dilemma, and that dilemma is how to make the very difficult choices you must make when you begin to look at the budget and appropriations cycle for fiscal year 1991. We ask that you begin to view the child as a whole person, with a variety of health, educational and social needs. It is shortsighted to increase funding for one program area benefiting children by taking money from other child health, social or educational programs. All are important. All are intertwined.

We know such investments are prudent. For example, the federal immunization program has been a stunning success story, as evidenced by the millions of children who are protected against common, preventable infectious diseases. We know that expanding prenatal care services will begin to pay off in reduced infant mortality and morbidity. By focusing on preventing injuries before they occur, we will save millions of dollars in hospital and other medical costs. However, we cannot remain complacent. We must be attuned to changing needs and opportunities. The following should be priorities in your considerations:

Immunizations:
The childhood immunization program must keep pace with new developments in recommended immunizations, increased use of public health clinics, and the rising costs of vaccines. Public policy now recommends a second dose of the measles, mumps, and rubella, yet there have been no new dollars allocated to public health clinics for this purpose.

Maternal and Child Health Block Grant:
The programs funded through the maternal and child health block grant remain an integral part of ensuring improved health for mothers, infants, children and adolescents. These programs provide services where a need would otherwise go unfulfilled. This block grant needs increased funding to continue its stated purpose and keep it from losing ground as a result of the decreased funding it has, in reality, received over the past few years.

Injuries:
Injuries are the greatest killer and crippler of children over age one. Over the last several years Congress has provided monies to improve pediatric emergency medical services and for the Injury Control Program through the Centers for Disease Control. These

programs should be strengthened, not diluted.

Family Planning:

Title X, family planning services, continues to be an important part of our struggle to solve the teenage pregnancy crisis. With young people becoming sexually active at an early age, and with so many of them becoming pregnant as a result of such activity, access to information, education, and medical services is crucial to adolescent health care.

AIDS:

We have all learned about the tragedy of AIDS, especially the cases of AIDS in infants, children and adolescents. As we attempt to find methods to prevent the spread of this disease and to treat those already infected, we must not only find ways to educate women of child-bearing age, but we must find ways to take care of the children who have the disease.

Child Abuse:

Child abuse is clearly one of the most difficult issues facing our society. Moreover, the problem is self-perpetuating. Without treatment and attention, abused children are more likely to abuse their offspring and other children. We have begun to learn much about this severe problem and are now beginning to implement programs, approaches, and practices to help those children and to prevent its recurrence. In view of this, we need to continue to give the program our full support.

Child Care:

With the increase in single-parent families and families where both parents work, we recognize the need for affordable, high-quality, safe child care. The disparity between the states in child care standards is evident through a survey recently released by the Academy and the American Public Health Association. The federal government should accept the responsibility of improving this disparity by implementing a child care program which would improve child care standards. Congress should pass the Early Childhood Education and Development Act, H.R. 3.

Nutrition:

The benefits to mothers and their children enrolled in the Supplemental Feeding Program for Women, Infants and Children (WIC) are clearly seen in such crucial areas as improved pregnancy outcomes, enhanced cognitive skills in children, and decreased nutritional deficiencies. _For many participants, WIC is their only access to the health care system. Although the impact of these benefits is immeasurable, the cost in real dollars for each participant per month, is an average of $42. Yet, despite the enormous advantages of WIC, the program's inadequate funding prevents half of the 7.4 million women and children who are eligible from enrolling. We strongly urge you to fully fund the WIC program, a true lifeline for many low-income families.

Head Start:

Head Start and other preschool programs and educational programs help many low-income, minority and disabled children to attend attend school and to cope with the challenge school sometimes presents. All our children deserve to receive the best educational beginning possible, not just those children whose parents can afford it. Unfortunately, many poor children are denied a good start due to limited space and federal funding for these educational programs. Head Start, for example, services only 18 percent of the 2.5 million children who need the program's services. Expanding educational programs for the poor and the disabled will encourage these children to succeed and will provide America with a stronger, better educated workforce.

Research:

In every aspect of a child's life, there remains room for new knowledge; we can always learn more. The Academy has long supported biomedical and behavioral research programs, through the National Institutes of Health, through the Alcohol, Drug Abuse and Mental Health Administration, and through a myriad of specific categorical programs. Injury prevention research, for example, has taught us that lives can be saved if we take the proper precautions when we drive and when children play. We have learned that a pregnant woman should not drink alcoholic beverages nor smoke during her pregnancy. We need to know how to prevent a child from being born with cystic fibrosis; we need to know more about the long-lasting effects of crack cocaine on infants born of drug-addicted women. Congress does know the value of biomedical and behavioral research. Our concern is that many of the research dollars are *not* being devoted to research which would benefit our infants, children and adolescents. We ask you to urge your colleagues to recognize this need and the importance of such research.

I realize that this statement highlights a long list of programs and concerns that need your attention and am very cognizant of the fact that public policy action in these areas will be driven by budget decisions. That is why children so desperately need your commitment and leadership. I thank you for this opportunity and I pledge the support of the 38,000 members of the Academy in working with you to assure our children a high ranking on our nation's agenda.

PREPARED STATEMENT OF THOMAS A. NAZARIO

The Scene

There are approximately 64 million children under the age of eighteen in the United States. They constitute almost one-third of our population. Over two-thirds of them live in metropolitan areas, though a greater number of them live in suburbs as opposed to inner cities.

- Nearly 62 million of our children grow up in families--about 30 million families of all kinds. Nevertheless, approximately 900,000 children grow up in foster, group, and institutional care, and over a million run away from home each year.
- 14 million children are poor. Some are on Aid to Families with Dependent Children, but all suffer from a disproportionate number of health and educational disadvantages as a result of their economic status.
- Almost 10 million children, or about one in seven, have no regular source of medical care, and approximately 20 million children under the age of seventeen have never seen a dentist.
- Over two million children are reported each year as being suspected victims of child abuse and neglect and about five times that number of children go unreported.
- Also, mental health services are not available to an estimated 80 percent of the children who need them.

In addition, it is important to realize that often as children grow from infancy to early adolescence, their problems intensify. Many are confronted with pressures, influences, and decisions that they are not equipped to handle:

- Over 1 million school-aged children are not in school, and of all seventeen-year-olds who stay in school, 13 percent are functionally illiterate.
- Each year 550,000 teenagers become mothers. The vast majority of them do so long before they are prepared for the responsibility of raising a child.
- Almost three times as many youngsters committed suicide during 1977 as did in 1950, an increase of 4.5 to 11.8 per 100,000. Only accidents and homicides outrank suicide as causes of death in this age group.
- An estimated 3 million youngsters in the United States have a serious drinking problem, and of all teens who start drinking, one in ten become alcoholics later in life, if they are not already.

Ironically, one of the fundamental problems that all children share is that they are children. As such, but for today and these hearings they have had little control over the conditions in their lives or the identification of their needs, and as a group they contribute almost no input to the search for solutions to the problems they face.

CHILDREN AND POVERTY

Believe it or not, children today make up the single largest group of America's poor and are six times likelier to be poor than even our elderly. Unlike the elderly, however, children have no political clout, are largely powerless to improve their own lives, and must rely on adults to provide for them.

Unfortunate yet true, nearly one in four (22.2 percent) of all children in the United States today is poor or lives in a household that falls below the poverty line; and of all persons living in poverty (about 33 million Americans), two in five are children, nearly 14 million of them in all. This figure has increased (particularly in recent years) much faster than our population. Not only is the number of poor children increasing, but the children are getting poorer. To illustrate this, in 1968 the poorest fifth of all families in the United States had about 91 percent of the money they needed to meet the same needs. Fifteen years later, that same group of families and their children had only 60 percent of the money the needed to meet the same needs.

Unfair, but also true, is the fact that a child's chances of growing up poor in America are enhanced if he or she happens to be Black or Hispanic. In fact nearly 50 percent of all black children in the United States (or one in two black children, about 5 million in all), and 39 percent of Hispanic children who are either Mexican-American, Puerto Rican, Central American, Cuban, or of other Spanish descent--or more than one in three Hispanic children, and about 2.4 million children in all) live in poverty. At the same time, the chance that a white child will experience poverty, although still unacceptably high, is only one in six. Different too is the length of time minority children (as opposed to white children) remain in poverty. For example, the average length of time that a black child will spend in a family whose resources do not exceed the poverty level is five years. White children, on the other hand, experience that same poverty for only ten months. Long-term poverty is more devastating and has more lasting effects. Short-term poverty usually is associated with changes in marital status and family earnings.

SOME FACTS ABOUT POOR CHILDREN

- Although fourteen million children in the United States live in poverty, some twenty million children go hungry at least some time each month. This often occurs because food stamps have run out, local emergency assistance is not available or the child's family simply doesn't have enough money each month to keep their children fed.

- As a direct result of poverty, at least a half million children in the United States suffer from malnutrition. Reported conditions include iron deficiency anemia, stunted growth, kwashiorkor (condition associated with severe protein deficiency) and marasmus (caused by a severe caloric deficiency). The two latter ailments are generally associated with children found in underdeveloped countries.

- Again, largely due to poverty, some five million children in the United States live in unsafe, unsanitary, rat infested tenements or housing projects in inner cities. Other poor children lack adequate or safe bathing and/or kitchen facilities and are forced to live near toxic waste dumps. Additionally, of all those who are homeless and live in shelters in the United States, twenty-two percent are children.
- Poor children are three to four times more likely to drop out of school than children who are not poor. With Hispanics, the national drop-out rate is 50% and for those Hispanics living in large cities their drop out rate is even higher.
- Poor children are three to four times more likely to become single mothers before they reach adulthood than children who are not poor. This, of course, often brings forth a whole new generation of poverty.
- One in three of all poor children have no medical insurance, and because of their families' economic situation, receive little or no access to routine medical care
- Poverty kills. Although the exact number of children in the United States who die each year as a direct or indirect result of poverty is unknown, few knowledgeable people argue with the figure 10,000. More specific causes of death include poor prenatal care, poor infant care, low birth weights, long-term malnutrition, exposure and/or neglect.

Other factors which greatly increase an individual child's chances of being poor in America are whether or not he or she is young (25 percent of all children under six are poor); whether the principal or sole breadwinner in the household is a woman (as a group, single mothers who head households have family income equal to only about 40 percent of what more traditional two-parent households earn each year, and on the average they have annual incomes which sit at or near the poverty level); whether a child is illegitimate or has parents who are divorced (these children are far less likely to receive support from their fathers); whether a child is a member of a large sibling group (children in large families are more likely to be poor than children in smaller families); and whether a child has parents who are themselves very young or have not completed high school (these parents, of course, have the greatest difficulty finding decent jobs, and jobs which pay only minimum wage seldom can keep families out of poverty).

Finally, the following statistics give some idea of just how wealth is distributed among American families: In 1986 the poorest 20 percent of families received 3.8 percent of all income, the middle 60 percent made 50.2 percent of our income, and the top 20 percent of our families divided up the remaining 46.1 percent of all of America's income. At the same time, our government spent $1,100.50 per person on national defense and $464.87 per person on programs to aid low income families and children.

A PICTURE OF 1000 CHILDREN

Figures and statistics about the plight of children, of course, never tell the real story. You never see their faces. You never hear about the lives they lead and the figures themselves, almost always seem to blend together. When talking about child welfare this is particularly true; on one hand one wants to understand, yet on the other, one just can't visualize the numbers or come to grips with the suffering of children. So we just toss it aside. This is something we can no longer afford to do. Hence, in an effort to make better sense of these figures, I will try to paint a picture. Please try to bear with me. Again, there are 64 million children (persons under 18 years of age) in America today and about 3.8 million new children are born in the United States each year. That means that about 10,400 children are born each day; or about 1000 every two hours and twenty minutes; or in about the time it takes a person to see a movie or watch a Monday night football game. One thousand children are easy to visualize. They might fill up a good size school auditorium, church hall, or congressional hearing room. What would these 1000 children look like and what might we expect to happen to them over the course of their childhood ?

First, of these 1000 children about 11 or 12 will not survive their first year of life. They will die as a result of our infant mortality rate which each year takes a little over 39,000 of America's newborns. These children are disproportionately Black, Hispanic, and Native American and are more likely to be born to a teenage mother or to mothers who are poor and have little or no access to prenatal care. Many of these children could have been saved.

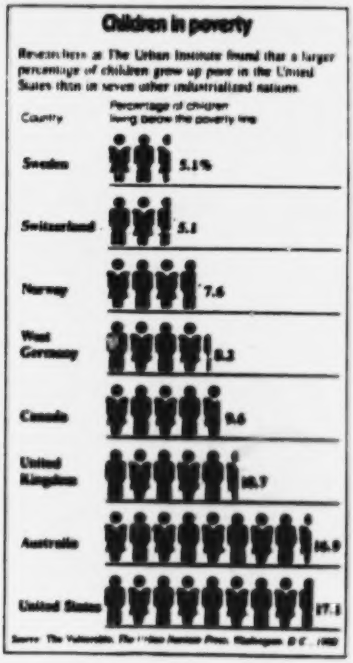
Second, of the surviving children, 88 would have been born with their health impaired as a result of their mother's use of drugs and/or alcohol. Often these health problems are very serious and will stay with them their entire lives. Also 245 of the children will live in poverty over a substantial part of their young lives. Again, at any given time, almost one in four of all children under age six live in poverty in America and for children who happen to be Black, their chances of living within a family whose income falls below the poverty line is 1 in 2. Additionally, the average amount of time that Black and minority children live in poverty is substantially longer than that of a comparable white child experiencing poverty.

The amount of Aid to Families with Dependent Children in any state is not designed to take kids out of poverty and many families who would otherwise be eligible for this help do not receive it. Children who live in poverty are more likely to suffer serious illness, abuse, neglect, pregnancy, and drop out of school than children who are not poor. Also, because of the many ancillary problems associated with poverty these children are more likely to spend at least some time in a juvenile detention center. About 20 of these random 1000 children are likely to be arrested some time during their upbringing and with homicide now being the second or third leading cause of death of children between the ages of 1 and 18, 2 to 3 of the children will be killed. Moreover, children who live in poverty are also far more likely to be functionally illiterate in high school; and find themselves unemployed or unemployable as they enter their late teens. About 110 of 1000 children will bear this fate.

Finally of these 1000 children, almost 200 would be born to unwed mothers, 144 of whom would be teenagers themselves. Of these young mothers 72 will never complete high school. Also even as to teens who marry as a result of pregnancy, studies show that these marriages are two to three times more likely to end in a separation or divorce than marriages which are not pregnancy related. About one-fourth end within five years. As to those teens who don't marry, studies show that as a group, single mothers and their children are the segment of our society most likely to be poor. Seventy-five percent of single mothers under the age of twenty five live below the poverty line, and among mothers under the age of thirty who have not finished high school, 90 percent live in poverty.

This, of course, just scratches the surface of some of the problems associated with children and child welfare in America. Other areas of concern however are just as significant, particularly those issues that relate to health and child care. For example, you might be surprised to learn that 50 out of 1000 children develop a serious drinking problem over the course of their upbringing; that 152 in every 1000 children will be abused or neglected over the course of any given year; that 165 out of 1000 children have no regular source of medical care; that 220 out of 1000 children get no or in adequate child care and that nearly 600 of the 1000 children will take at least one or more illegal drugs before they leave their childhood.

Remember, these numbers only reflect the percentage of children affected out of every 1000 children in America. There are 64 million children out there. That is the picture we are facing and that is the challenge for today.



Children in poverty

Researchers at The Urban Institute found that a larger percentage of children grow up poor in the United States than in seven other industrialized nations.

Source: The Vulnerable, The Urban Institute Press, Washington, D.C., 1988

PREPARED STATEMENT OF STEVEN F. SPEACH

Dear Congresswoman Boxer and Task Force Members:

It is a distinct honor for me to have the opportunity to speak to you today. I appear before you as the Superintendent of the 16,000-student Oceanside Unified School District. I am also president of the California Impact Aid Association, which represents 300 school districts and over 2 million students in federally impacted schools.

We are deeply appreciative of the assistance of the federal government in helping us meet the diverse needs of the children and their families in our community. Oceanside has an estimated 117,000 residents, and the number increases every day. We are a community comprised of a broad range of families from very diverse socio-economic and cultural backgrounds. I'd like to take a moment to discuss with you some of the special and urgent needs of children from three significant and distinct populations within our district.

Some 5,000 children come to our schools from families affiliated with the Marine Corps facility at Camp Pendleton. They are families who make vast contributions to our district, and we enjoy outstanding cooperation and support from the military authorities at the base. Through frequent moves, many base children never know the continuity of one classroom and one neighborhood. Their own homes often lack a father and male model for long periods of time. They many times require special attention to maintain their academic and personal progress.

Agriculture remains a major economic force in North San Diego County, and with agriculture come migrant families. Many of them are homeless. Others live two, three, even four families in a single home or apartment. Adults in these families may neither speak English nor be literate in Spanish. This fall we enrolled teen-agers in our high schools who had never been to school before. Health care usually has been inconsistent or non-existent. In the past two years, we have conducted tuberculosis testing for hundreds of students in two schools because new classmates were afflicted with the disease. Hepatitis also is a continuing concern.

We see large numbers of children in pain and at risk for a third population of our community. This is the lower working class for whom economic survival is often the primary or seemingly the only priority. Their attitude towards their children's schools ranges from antagonistic to apathetic. Their neighborhoods are plagued by gang rivalry and drug sales. Inevitably, the pressure and violence of these problems spill over onto our campuses. Drugs, or course, know no societal barriers. Nor do child abuse and neglect. We battle these curses on our youth literally on every school campus.

Another tragedy which afflicts all levels of society and which is eating away at the economic fabric of our nation is the dropout problem. There is reason for modest optimism regarding the nation's efforts to keep the young people in school. A study just released by the U. S. Department of Education shows that 2 percent fewer 10th to 12th graders dropped out of school over the past three years than in the previous decade. The percentage of the nation's 16 to 24-year olds who are not in school and have not completed school is 3 percent lower than 20 years ago. The dropout rate for white and black students is down slightly in the past decade, and the hispanic dropout rate has remained steady.

In California, dropouts exceed the national average. Between their sophomore and senior years, 22.7 percent of the Class of 1988 dropped out of school. Even in relatively-affluent San Diego County, which includes my district in Oceanside, the rate is 20.1 percent.

What is the price that we pay for students who fail to finish school? A recent study by Harvard economist Richard Freeman shows that the real income of the high school dropouts declined 15 percent between 1973 and 1987, while the real earnings of the rest of the population increased an average of 30 percent.

In addition, the percentage of jobs available to those with only a high school education is declining. By the year 2000, 65 percent of all jobs will require training beyond high school, compared to 54 percent now, according to a study by the American Society of Training and Development. We must assume that the situation for the dropouts is even more severe.

Young people don't drop out of school suddenly; they do it a little at a time, beginning in their elementary school years. We can recognize the tell-tale signs of children at risk in their early years, and we must intervene at that time. The Leadership Children's Package includes several programs that provide vital services to children and their families. Each of them could be described as a plan to combat the dropout problem because they help ensure a child's success in school and in life.

We can continue to make gains against dropout statistics. But we must maintain our commitment. We must stay the course. Reduction or elimination of programs our children need may save a few dollars today, but we can ill afford the inevitable cost measured in wasted lives in future years.

PREPARED STATEMENT OF ANN LYNCH, PRESIDENT, NATIONAL PTA

Ms. Boxer, Mr. Miller and distinguished members of the House Select Committee on Children, Youth and Families, and the House Budget Committee's Task Force on Human Resources. I am Ann Lynch, President of the 6.6 million member National PTA, an organization devoted to the education, health, safety, protection and care of America's 64 million children and youth. It is symbolic that your two committees should be jointly conducting a hearing commemorating National Children's Day. This symbiosis between the people who collect the data and provide information to authorizing committees and the people who pay the bills and allocate the resources is a critical link between planning and implementation of youth and family policy. I commend your interest in children, and I know that we share a common goal of assuring that all children are at the top of federal, state, and local agendas.

I am also honored to serve on the Congressional Advisory Committee commemorating National Children's Day and to join Rep. Joe Kennedy (D-MA) in his efforts to highlight the condition of the nation's children. One of the charges to the Congressional Advisory Committee is to create a more complete portrait of our children and their families -- who they are, how they are living, and how they are affected by the social and demographic changes that are occurring in our society. We hope this effort will compel the Congress, the President and the nation to act with vision, courage, and compassion on behalf of America's children.

Urie Bronfenbrenner of Cornell University recently touched a sympathetic nerve when he identified the big ingredient of success in child advocacy: "Somebody has got to be crazy about the kids." If National Children's Day and Week is to mean anything, we need a Congress and a nation that will move children to the highest position on the nation's agenda and "be crazy about the kids."

As a parent, as a volunteer for youth services for over 40 years, as a business woman in an executive position in my hometown of Las Vegas, Nevada, and as president of the National PTA, I can unequivocally say that children need advocates now more than at any time in recent years. As our country prepares to enter a new decade, we must take seriously the bromide that the future depends on our children and make the essential link between our children and our own personal destiny. If there is anything that we can borrow from the Japanese, it is the attention they pay to their children. They understand that their most important economic and cultural resource is not capital, or material or trade, it is their children. In Japan, there is a commitment to children through their national ministries that is certainly not present to that extent in the United States.

In representing the views of the National PTA, I have traveled many thousands of miles throughout the United States and Europe, and have talked with hundreds of parents and other citizens who care deeply about their children. To whatever area that I travel -- rural, suburban, inner city, or overseas to American dependent schools -- I am so inspired when I see communities working on behalf of children and families, despite numerous mitigating odds. Whether it is the school in the Bronx fighting tenaciously against drug and alcohol abuse, or a state such as Missouri which has initiated a leading parental involvement program, or Dade County, Florida, which is experimenting with school-based management, or local PTA units around the country which are offering before and after school services, or a business partnership in Memphis, Tennessee, which supplements the activities of the schools, or the single parent from Little Rock, Arkansas, struggling to balance a job and raise three children on $17,000 per year, there are many heartwarming stories I can relay to you about programs that work, communities that care, and parents that love.

What is so startling and evident, however, is the growing disparity between the children and families that have access to quality services and those who do not. There are many communities that need help, that are crumbling under the weight of severe and debilitating problems and that do not have the kind of supports necessary to shore up vital education, care, health, environmental and protection services. For many of our children, basic needs to survive are unmet: nutritional meals, shelter, education, physical and mental health care, security and protection. It is so exciting for me to work with children who have caring adults to love them, public schools that provide for individual needs, volunteer organizations that become involved and governments who respond -- at all levels. It is utterly devastating to look into the eyes of a child who has no hope, feels alienated from the American dream, and sees no future in a society that he believes has abandoned him. The child we neglect and abuse today will certainly not come back and thank us for our neglect; and our "throwaways" don't just disappear without making their human presence felt.

Even more alarming are the warning signals, which have been publicized over the past decade, about some of our children and families. For instance:

- Recent studies indicate that one out of every eight employees reads at no better than the fourth-grade level and that one in five reads at an eighth-grade level.
- One out of every two children will spend part of his or her childhood or youth in a single-parent home.
- Over 25 percent of young people will live in homes with incomes below the poverty level.
- State observers report that more and more children are in deeper and deeper trouble at younger and younger ages. Problems which in the '60's were

predominantly found among 18 and 19-year olds, are increasingly evident in the eight-to-thirteen-year-old age groups. These problems include alcoholism, drug abuse, mental or emotional illness, failure to thrive in school, alienation from family and community and self-destructive behavior of many types. Physical and sexual abuse are epidemic.

- The drop-out rate and failure to acquire essential knowledge and skills are of great concern. Our schools continue to experience great difficulties in providing basic education for certain groups of children.
- While some progress has been made in opening opportunities for minority youth, their overall condition is extremely grim. Particularly for males, hispanics and blacks, large numbers appear to have lost all hope for their futures.
- As the economics of the labor market shift, more and more families will receive lower wage rates, experience unemployment more frequently, and will have lost fringe benefits. Therefore, their capacity to invest in home ownership and higher education is disappearing, as well as their ability to finance unusual medical costs, lengthening periods of retirement and long-term care.
- The fastest growing population without health insurance is children of working parents with employer-based coverage.

In another context, the House Select Committee on Children, Youth and Families compiled a 1989 report entitled "Children and Families: Key Trends in the 80's" which document the Committee's findings since 1983. I submit to you the subheadings of that report which dramatically illustrate the challenges that must be addressed:

Economic security
    Economic pressures on families mount; young families at risk
    More mothers work out of economic necessity
    Child care, elder care costs, major family expense
    Affordable housing loses ground
    Health care costs increase; access decreases

- Education costs outpace inflation; more families borrow money

Poverty

- Children comprise America's poorest age group
- Working poor families increase; poor families getting poorer
- Homeless and hungry families increase in the eighties
- Safety net programs shrink for families in poverty

Child care

- Child care inadequate to meet demand; waiting lists are the norm
- Lack of child care a barrier to employment
- Federal child care programs reduced in the 1980's

Housing

- Middle-income families struggle to afford housing
- Affording a home especially difficult for young families
- Poor families' incomes inadequate to meet housing costs
- Supply of low and moderate income housing units decreasing
- Housing crisis results in inadequate housing and homelessness
- Cuts in government programs exacerbate family housing problems

Education

- School dropout rates high; youth lack basic skills
- Early intervention programs cost-effective but too few children participate
- Federal funds for education slashed

Health

- Millions of children unprotected by health insurance
- U.S. infant death rate among highest in industrialized world
- Lack of prenatal care increases risk of newborn death
- Growing number of preschoolers not immunized
- Federal child health programs serve few who are eligible

Children, youth, and families in crisis

- Abuse, addiction increasing among families
- Limited services jeopardize well-being of children and families
- Violence, delinquency, major problems among youth
- Funding declines for youth, families in crisis

You have asked me to respond to several questions. The first is:

> "The Congressional Budget Office and the Office of Management and Budget have estimated that between $40 billion and $64 billion in deficit reduction will be required to meet the Gramm-Rudman target for fiscal year 1991. What implications does this dilemma have for children's programs, and what recommendations would you make?"

The deficit has numerous implications for children's programs. First, it is our children and their children who will be paying off the deficit -- and in many cases for programs that serve the needs of an adult population. Rep. John Porter (R-IL) estimates that while many of us will receive from $1.30-1.50 in government services for every dollar we contribute in taxes, our children will receive only approximately $.72 of every dollar. The difference will be allocated to pay off the national debt.

Second, finite resources may serve to create an inter-generational conflict with the young and old fighting for existing resources. This dysfunctional dynamic would serve to exacerbate a we/they battle, when in reality, our government has a responsibility to serve the needs of both age groups. In fact, the elderly can make a vast difference in the lives of children.

Third, the Congressional Budget Office estimates the federal share of total expenditures for elementary and secondary education has declined from 8.7 percent to an estimated 6.1 percent in FY 1988. This is partly because local and state revenues increased at a faster rate than federal revenues, and partly because of federal cuts in some categorical programs. It is clear that the federal government has not pulled its weight in funding educational reform, and states that have felt the greatest impact are those states who need federal help the most. For instance, in Mississippi, local revenues increased from $202,338,000 to $484,311,000 between 1981 and 1989, state revenues increased from $452,114,000 to $810,177,000 during those years; but federal revenue only increased from $195,482,000 to $223,914,000. Even with all of the local and state commitment, Mississippi still ranks last in per capita student expenditure at $2,877 per student. New York ranks first with $7,494 per student. While the National PTA believes that the local and state levels should primarily fund elementary and secondary education, the federal government must maintain its primary role of assuring equal educational opportunity and access for all children.

Fourth, with the exception of selected child nutrition programs, most education and child-related programs are not entitlements. As a result, children's programs are the most vulnerable, the easiest to gouge and the most tempting to cut.

Fifth, while the federal government should be shouldering more responsibility for funding children's programs, the pending threat of a growing deficit is restricting needed growth. For instance, of the $80 billion in naturally occurring revenue for 1990, the

Department of Education is allocated one-half of one percent of the total.

The Congress has been working on a trillion dollar plus federal budget. Of that amount, less than two percent is appropriated to the Department of Education for all education programs and less than five percent of the total goes for children, youth and family programs including AFDC, higher education, youth employment, Head Start, and all of the education programs. This would hardly make a dent in reducing the deficit. Children did not create the federal deficit, and in return, we should not balance the budget on their backs. Surely, if we can find more than $60 billion off-budget for savings and loan institutions, we can fully fund Head Start and Chapter 1.

Considering the largesse of the federal budget, it is a national disgrace that after 18 years, Head Start money serves less than 20% of all eligible children, and that after 25 years, Chapter 1 funding serves only 40% of all eligible children. The implication of an increasing federal deficit for child advocates is clear: there will be growing pressure to cut programs for children, and advocates will spend more and more efforts to compete with other, more well-financed lobbies that threaten the very existence of effective child services.

In another question, you asked:

> "The Leadership Children's Package, which included Head Start, WIC, maternal and child health care, child

> immunization and child care proved to be a successful vehicle in obtaining funding increases for these programs in the budget for fiscal year 1990, while programs in other categories received no increases or were cut. What items would you place in such a package for fiscal year 1991?"

First, the National PTA believes that there is no one program that can single-handedly address a multiple range of child and youth development needs. In a study by the William T. Grant Foundation entitled "Youth and America's Future: Current Federal Policies and Programs for Youth," the report concluded that there is no coordinated, comprehensive, long-term, national action agenda consolidating and devoting federal resources toward youth. While the president and the governors are meeting to develop goals and plans for education, it is essential that those goals and plans be coordinated with other needs such as health, protection, safety, shelter and nutrition. Equally as important, agencies that service children, both within and outside of government must act to cooperate rather than compete for turf and resources.

Second, the Leadership Children's Package is a coordinated effort that establishes a federal child policy and is supported by the National PTA. The five part initiative includes:

1. Early Childhood Health, Education and Development, including WIC, Comprehensive Child Development, Even Start, Head Start, and Child Care;
2. Compensatory Education for At-Risk Students, including chapter 1, Math Science, Magnet Schools, Handicapped;

3. Fighting Dropouts and Drugs, including Basic Skills Improvement, Job Corps and Summer Youth Employment, Gang Intervention and Community Youth Activity Program;
4. Enhancing Competitiveness, including Workplace Literacy and English Literacy, Vocational and Adult Education, Title III JTPA, Dislocated Worker Program and Title II JTPA Block Grant Program, Bilingual Education; and
5. Strengthening Higher Education, including enhancement of student aid, expansion of opportunities for minority students, teacher training, and international education.

These programs are not expenditures, but wise investments. The House Select Committee on Children, Youth and Families, in a 1988 report, concluded that the federal government eventually saves about $10 for every dollar it spends on immunizations, and as much as $6 for every dollar spent on high quality preschool programs such as Head Start. In addition, a savings of $3.38 for each dollar spent was found for programs providing prenatal health and related care for low-income pregnant women; an investment of $750 for one year of compensatory education can save the $3,700 cost of repeating a grade; and the special supplementary food program for low-income children and pregnant women known as WIC reduces infant deaths, cuts the anemia rate and reduces the risk of low birth weight.

We do not recommend "throwing money" at problems, lest someone misinterpret our motives. In fact, we know that non-economic strategies are as important as economic strategies, especially a caring and loving family. But to assure that children grow into sturdy adults, the family needs to be buttressed by community institutions, including churches, schools, the PTA community agencies, and government. All families need help beyond the family in the form of health services, social support and education, but for the families whose children are growing up at-risk, effective services are even more crucial. The National PTA, believes that the Leadership Children's Package will help supplement state and local efforts to provide preventive programs.

In addition, we have to get beyond this senseless Congressional battle about who should fund child services. We believe that state and local governments have the primary responsibility, but the federal government must be a partner in assuring equal opportunity. There are vast resource inequities between states and regions of this country. The kind of services a child receives is becoming more and more dependent on the income level of their parents and that community in which they grow up. Believe it or not, I have visited high schools that have no microscopes or offer no foreign languages, elementary schools that have no counselors and health facilities, and junior high school classes which are frequently staffed by untrained personnel and temporary substitutes. Frequently, these conditions exist for the children of least affluent families whose parents are often not active in fighting city hall for the rights of their child to receive a quality education. And frequently, it is stingy school boards and/or state legislatures who don't adequately fund public education. In my own state of Nevada, the PTA held a July press conference to publicize its disappointment with a state house that did not vote needed resources yet talked a good game about better schools. In Utah, a state that spends only a few dollars more per student than does Mississippi, recommended a revenue decrease. The fact is: while some states and local communities are providing adequate resources, and are actually taxing themselves way beyond their ability to pay, this may still not produce the revenue necessary to fund quality child services. In fact, over 40 states have increased spending for prisons at a faster rate than spending for education and children. The nation's children believe that the federal government should be an equal partner in providing help and assuring that children have access to quality basic services wherever they live.

Now comes the most difficult part -- how to bridge the gap between our knowledge about children and our commitment to doing something. One thing is for sure, when our country sets a direction for itself, no one can beat us. We were able to rebuild Western Europe and Japan after World War II, we were able to rescue Greece and Turkey from communism with the Marshall Plan, we were able to recruit teachers and revitalize our educational programs through the National Defense Education Act, we were able to connect our cities and towns by a national interstate highway system, and we were able to send a man to the moon.

After a decade of defining problems, reading reports, and compiling statistics, we need a national commitment no less dramatic and intense than we had for our prior national accomplishments. And for many of our children and communities, we know what works. If we are concerned about the health of our savings and loans institutions, look at the devastation of our children by comparison. In a press conference held on September 25, 1989, the National Alliance of Business, comprised of the Business Roundtable, the U.S. Chamber of Commerce, the National Association of Manufacturers, the Conference Board, the American Business Conference, and the U.S. Hispanic Chamber of Commerce, stated, "The strength of the American economy rests on the strengths of America's public schools. All sectors have a responsibility for the current crisis and all -- business, educators, parents, public leaders -- need to assume responsibility for overcoming this crisis." Indeed, we all need to make this commitment on behalf of all children.

The more I look, the more clearly I understand that in the last two decades we have accumulated information giving us the national capacity to improve the lives of our children. The knowledge necessary to reduce the growing toll of damaged lives is now available. We can deter the teenage daughters of teenage mothers from having babies. We can keep kids from quitting school. We can buttress fragile families with support that increases their children's chances for health and wholeness. We can transform a non-productive ghetto school into one of learning and achievement. We can reduce the number of low birthweight babies. We can reduce poverty among the poorest segments of our population - children, women and families.

High rates of violent juvenile crime, school failure, and adolescent childbearing add up to an enormous public burden as well as widespread private pain. We all -- Republicans and Democrats, liberals and conservatives, federal and state, parents and non-parents -- have a common stake in preventing these damaging outcomes. We all pay to support the unproductive and to incarcerate the violent. We are all economically weakened by lost productivity. The very foundation of our democracy is threatened.

National Children's Week should serve to bring us together. Every American has a role in translating commitment into action. We can mobilize the political will to reduce the number of hurt children. We must link the success of our children to the personal success of every American. We must impress upon the 75% of the adults in our society who have no direct link to children or public education that when the lives of the least of our children are improved, we can assure a more productive, just and civil nation for all of us. I commit my PTA presidency to that end, and promise to carry this message to our 27,000 local PTA units across the country. Thank you for this opportunity to commemorate National Children's Week with you.

The National PTA
Office of Governmental Relations
1201 16th Street N.W.
Washington, D.C. [illegible]
[illegible]

Addendum

The National PTA Agenda for Children

The National PTA believes that the following goals are imperative when developing a children's agenda:

1. That every child has access to an excellent and equal educational opportunity;
2. That an affordable and accessible public system of child care be created;
3. That access to comprehensive quality health care be guaranteed to every child;
4. That all schools containing hazardous levels of asbestos, radon and lead in drinking water be mandated to take corrective action;
5. That efforts be made to prevent the mistreatment of children and to assure that every child who is a victim of abuse or mistreatment receives treatment.

Equitable and Excellent Education for All Children

We believe that the federal government must contribute to the support of the nation's elementary and secondary schools by pursuing the following:

1. That all federal education programs include a provision for parental involvement related to design, development and evaluation of programs; home support of the school through coordinated activities, and volunteerism.
2. That federal commitment to Chapter 1, special education, bilingual education, dropout prevention, impact aid, Pell Grants, and Guaranteed Student Loans be maintained.
3. That a peacetime Marshall plan be developed for those children who are the most difficult to educate, require smaller class size, more individualized instruction, and the most competent teachers.
4. That the federal government in partnership with the states begin to develop a plan that will equalize the funding of education among states.
5. That tuition tax credits and vouchers for private schools be unequivocally dismissed as viable school improvement measures.
6. That the Civil Rights Restoration Act be passed in its original form, and that current civil rights mandates not be diminished.
7. That the federal government not require mandated testing of elementary and secondary schools. Testing for purposes of accountability is a state and local function.
8. That special emphasis be placed on the transition from school to work, and that employment programs such as summer youth employment, Job Training Partnership Act and the Job Corps be expanded and more effectively coordinated with basic education.

Accessible and Affordable Child Care

We believe that, in partnership with state and local efforts, child care can be enhanced by pursuing the following:

1. That a national policy regarding a comprehensive child care system be established, including provisions for funding, safety measures, certification and training of personnel, accreditation of programs, and universal accessibility.
2. That funding for Head Start and Title XX be increased to provide local communities more assistance in meeting child care needs.
3. That Chapter 1 services be extended to include preschoolers.
4. That greater coordination between state and local education agencies, social services, Head Start, special education, and other service providers be encouraged.
5. that public schools be encouraged to play a greater role in providing early childhood, preschool and before and after school care.
6. That more businesses be encouraged to provide adequate services for their employees.

Comprehensive Quality Health and Nutritional Care

We recommend that the federal government, in partnership with state and local agencies, make available basic health services by pursuing the following:

1. That all age-appropriate children be immunized against polio, diphtheria, measles, tetanus, whooping cough and mumps by providing sufficient federal funding.
2. That the federal government continue its commitment to child nutrition programs including school lunch, school breakfast, summer feeding, child care feeding, nutrition education and training, special milk for Women, Infants and Children Feeding Program (WIC).
3. That the federal government maintain its funding for the Maternal and Child Health Block Grant which ensures prenatal child care, checkups, immunizations and other essential services to low-income mothers.
4. That the federal government provide financial assistance to those communities interested in developing health clinics for school-aged children.
5. That the federal government assist states and local education agencies by providing funding for preventive education programs related to drug and substance abuse, teen suicide prevention, teen-pregnancy, AIDS and basic health curriculum kindergarten through the twelfth grade.
6. That federal legislation be passed which would require health warning labels on alcoholic beverages.
7. That the federal government increase funding for AIDS research related to pediatric AIDS and the development of safer vaccines.
8. That a minimum health care financing mechanism be established guaranteeing that all children and families have either a public or private insurance that adequately covers basic needs. Families below 100% of the federal poverty level should be entitled to medicaid.

Elimination of Asbestos, Radon, and Lead in Drinking Water in the Schools

We recommend that the federal government, in partnership with state and local agencies, work to eliminate school air quality hazards by pursuing the following:

1. That the federal government significantly increase their funding and leadership in assisting school districts to inspect for and eliminate asbestos, radon and lead in drinking water.
2. That the federal government research, develop and enforce safe standards for indoor air quality in the schools.

Prevention/Treatment for Mistreated and Abused Children

We recommend that the federal government, in partnership with state and local agencies, address the needs of mistreated and neglected children by pursuing the following:

1. That every child who is a victim of abuse and neglect gets immediate attention through increased funding of Title XX Social Services Block Grant Programs and the Child Abuse Challenge Grants.
2. That a national family support program be established and fully funded, sufficient to provide for necessary, adequate and quality home-based services while maintaining the entitlement of children to appropriate foster care.
3. That the federal government commit whatever resources necessary to provide adequate shelters, health services, and education for homeless families and youth.
4. That the federal government maintain its commitment to funding of Juvenile Justice programs, Runaway and Homeless Youth Act, and the Missing Children's Assistance Act.

Funding

The costs of programs to expand social and economic opportunities for children and families will not be inexpensive but the costs of neglect must also be weighed. A national policy that ignores the losses associated with inferior education, untrained workers, increased welfare, unavailable or unaffordable child care, or inaccessible health care inevitably will underinvest in the nation's future.

In addition, the problem of annual budget deficits of approximately $180 billion and the need to restore the federal tax base and an adoption of a more balanced set of federal priorities that includes children and families have to be tackled if we are to maintain a national vitality. We must relate the care of children to the broader goals of economic, social, and national security progress. Additional monies to support children's programs can come from three sources: additional taxes such as "a children's surcharge'" realignment of present spending and taxing priorities; or the elimination of current tax preferences.

The National PTA
Office of Governmental Relations
1201 16th Street N.W.
Washington, D.C. 20036
(202) 822-7878

STATE INDICATORS AND QUALITY EDUCATION

FOR HOUSE SELECT COMMITTEE ON CHILDREN, FAMILY AND YOUTH AND
BUDGET COMMITTEE'S TASK FORCE ON HUMAN RESOURCES

BY ANN LYNCH, NATIONAL PTA PRESIDENT

October 3, 1989

The National PTA, an organization comprised of over 6.6 million parents, teachers and other child advocates is devoted to assuring that our children and our families are at the top of the national, state and community agendas. It is symbolic that the Select Committee on Children, Youth and Families and the Budget Committee's Task Force on Human Resources should jointly be conducting a hearing on school improvement commemorating National Children's Week. This symbiosis between the people who collect the data and provide information to authorizing committees and the people who pay the bills and allocate the resources is a critical policy link between planning and implementation. A National Report Card on children will further raise America's awareness about our children, and can spark our nation to further action.

The National Report Card can build on dozens of corroborating reports and statistics compiled over the span of the last half-decade about the education, safety, health, protection and caring conditions for children and youth. In fact, America needs to be reminded daily about how it treats its young people, which segments of its youth population need special help, and whether we as a nation are assuring basic services for every child. Information about the condition of our children is as important as data collected, for years, about the health of our economy, labor force, and housing market.

In our zeal to collect statistics and develop indicators, however, especially in determining the health of our public education system, we must be sure that what we are measuring is not confusing and is related to meaningful school improvements:

- For instance, the National PTA has been critical of using standardized tests as the sole measurement of academic quality. Proponents of tests assume that standardized scores are fair and valid as well the best means to measure achievement. Not so! The quality of our educational system should not be reduced to a series of multiple-choice questions.

- The National PTA urges caution when making state by state comparisons. Many variables contribute to the diversity of our educational institutions among states and among localities including per capita income, the number of special needs children, educational level of adult populations, percent of students in poverty, background variables of students who are disadvantaged, and characteristics of the teaching workforce. These factors must be weighted into whatever indicators are developed.

- The National PTA believes the data collected must make sense and help lead the way to better schools. In an attempt to improve education, state decision makers should not flounder in a sea of unrelated data. For instance, if a state is ranked 15th in pupil-teacher ratio, 30th in high school graduation rates and 40th in SAT scores, what must they do to improve? What indicators make a difference in improving schools? What must a state do to become number one?

But let us not permit America's preoccupation with numbers and data to divert us from the main task: meaningful commitment as a nation in guaranteeing universal quality education for all of our children. Thus far, the information about education effectiveness has not concentrated on indicators of quality -- but rather, indicators of quantity. Generally, excellence has come to mean more or less of something: more graduation requirements, more math, more homework, more tests, longer school days -- without an understanding about how these initiatives make a difference in the quality of services. A National Report Card can move us into the second phase of educational reform which must focus on quality as well as the quantity indicators. The National PTA believes that quality indicators are based on the following:

1. A nation with political leadership at all levels to improve schools, and with the courage to make choices for a child and youth constituency that does not vote. For certain, a society that has the will to send a person to the moon, build thousands of miles of interstate highways and bail out savings and loans institutions can certainly bail out our schools and children as well;

2. A federal government that joins the local and state education agencies in being a full partner in educational reform. Fully funding such programs as Headstart, Chapter 1, Education for all Handicapped Children and providing incentives to encourage skilled professionals into teaching is a critical role;

3. A comprehensive parent involvement program in every school including opportunities for parents to become involved in decision-making, parenting skills, volunteerism and home-school programs. The one major factor in school improvement is parental support of their children and schools;

4. An equal educational opportunity for every child no matter where their place of residence or what their parent's income. Vast resource inequities are creating a two tier system of schools based on community and parental wealth.

5. Preschool opportunities for children who need early intervention experiences. We must assure that each child who enters kindergarten starts the academic race at the same place. The National PTA supports H.R. 3;

6. A comprehensive school program that recognizes the need of the whole child and provides counseling, health, and nutrition services coordinating the various community agencies. We must stop the turf bickering between agencies that serve our youth, and start developing cooperatives.

7. A principal who is an instructional leader and teachers who are caring, competent and committed. We must also develop strategies to attract more minority teachers and teachers who are proficient in math and science.

It is appropriate to commemorate future National Children Weeks by taking a pulse of our efforts through a National Report Card. Let's begin the work. Simply stated, the struggle for quality education will ultimately be won or lost in the thousands of classrooms across the country. If indicators are to inform school improvement, they must reflect those "intangibles" that are hard to measure, but more accurately reflect school quality than SAT scores. Lastly, educational reform is but one factor of what should be a major plan to better the lives of our children. A child will not succeed in school if they do not have a home or if they are hungry or have no access to health care. We have a lot of work to do: if not now, when.

PREPARED STATEMENT OF DR. T. BERRY BRAZELTON

The problems with health care in this country can hardly be addressed by statistics. As one reviews the indicators one could be lulled into complacency by the fact that our infant mortality rate is slowly but surely declining. Our neonatal mortality and post-natal mortality rates look respectable. The pockets of failure are predictable--they coincide with the pockets of poverty and of unreachable poor in Southern States, and in the ghettos of our cities. In our country these pockets are unacceptable. Vaccine preventable diseases are climbing, AIDS cases are heralding the breakdown in our societal values, low birthweight and teen births are stationary or rising due to inadequate prenatal care--all of these are indications of failure in outreach to target populations in all of society, but particularly in these pockets of poverty. More recently we have been faced with an invasion of an even more serious threat to future populations--the precipitous rise in the numbers of babies addicted at birth as many as 20% in Boston, 25% in Chicago, over 50% in hospitals in Miami, indicates a major epidemic of failure in our disillusioned, depressed parents-to-be. These are made up mainly of the poor whom we have never successfully reached, but careful scouting will show that many are born to addicted middle class parents. Our society is revealing a failed value system, depression in young adults which none of our outreach systems are prepared to face.

Where does our present medical system stand as we face the future of children and young adults? In my view, we need to address the issues of early detection, of prevention, and of new ways to offer moral and emotional support to families and children who represent the failures in our present system. These are no longer class-related so that we can blame them on poverty and the inanition that accompanies being poor and disillusioned. They represent all classes of children and young adults.

As our technology and research in optimizing physical care has improved, our ability to recognize and treat emotional and cognitive failure in children and young adults has declined. As a society we do not even support and reach out to new, young families at a time when their energies and optimism is high around a new baby. We are demonstrably the least family-and child-oriented society in the world with the possible exception of South Africa. Hence, we miss a major opportunity to enter the family system at an optimistic time for supportive cooperation toward prevention of family breakdown and the inevitable emotional depression in its children whose nurturing needs are not being addressed. In order to nurture children, adults need nurturance. Our present deficit-model of medical care results in stressed families turning away from the medical system, resorting to it for physical crises only.

These are not the major sources of failure for most families. Poverty, stress, and depression are more serious threats, and they are not reachable by a disease-oriented medical approach.

What would I do to change our system?

1. Study and try to adapt the Canadian system - of a base rate of quality care available to all, supplemented by a private system for special consultation which satisfied medical personnel so that they could be expected to be available in a one-to-one relationship for stressed individuals.
2. Educate the public as to how to use and demand what they need from the medical system, i.e., empower the participants with knowledge and expectations as well as an awareness of their responsibility in a patient-doctor relationship.
3. Educate medical personnel in how to maintain and utilize patient relationships and in the importance of understanding developmental issues. In other words, change our present approach to a preventative and supportive system - a positive model.
4. Utilize multidisciplinary medical teams for supporting parents and children. M.D.'s may not be able to offer all the understanding and support which families need.
5. Develop strength oriented approaches to outreach for target populations, poor, depressed and addicted persons in particular.
6. Emphasize the values of early identification and early intervention. In our present system this will demand a whole revision of medical training. Disease and failure-orientation is a band-aid approach to the issues in which we are failing in our present system. It is too costly and we can no longer afford it. Target populations are not reachable by this system. The future of these addicted babies---a frightening symptom of the breakdown of our present medical and moral systems--will cost this nation more than our present defense system. We must redefine what makes a strong, healthy country.

PREPARED STATEMENT OF MARIAN WRIGHT EDELMAN

This report card on child health for the nation and the states presents stark evidence that, during the 1980s, far too many of the nation's children experienced preventable death or disability. On many key indicators, the nation's rate of progress throughout the 1980s was considerably slower than during the 1970s. On many others, the nation slipped backward.

Perhaps the most startling child health finding in this report is the alarming increase between 1980 and 1987 in reported cases of pertussis (whooping cough), mumps, and measles. Since 1987 our failure to immunize our youngest and most vulnerable children has led to widespread outbreaks of measles in the nation's cities. Unlike some of America's most complex problems, such as drug abuse, we have a readily available response for prevention of eight common, but serious, childhood diseases. At a time when UNICEF and Third World nations are conducting a worldwide campaign to immunize children against preventable disease, it is a disgrace that among American infants and toddlers immunization rates are down and preventable disease rates are up. We know how to solve this problem today.

Our nation's failure to provide a floor of health care decency under all of our children, as every other other industrialized country with the exception of South Africa has done, is a national tragedy of enormous human and financial proportions. In this decade, virtually no child health measure has escaped erosion or decline:

o The overall U.S. infant mortality rate in 1986 placed it eighteenth worldwide, behind such nations as Spain, Singapore and Hong Kong. When considered alone, the white infant mortality rate placed the nation tenth world wide; the black rate placed it twenty-eighth behind Cuba, Bulgaria and Czechoslovakia and tied with Poland, Hungary, Portugal, and Costa Rica.

o AIDS is claiming ever greater numbers of children. Since 1981 more than 1,600 cases of pediatric AIDS have been reported, and about half of these children have died. Cases are disproportionately concentrated among those children who already face the worst odds. Black and Hispanic children, who together account for 15 percent of the U.S. population of children younger than 15, account for 77 percent of reported pediatric AIDS cases.

o Prenatal care utilization has worsened in this decade. It is outrageous that 1987 marked the eighth year in a row in which late or no prenatal care rates worsened or showed no improvement.

o Low-income children are more than three times as likely as other children never to have received a preventive health exam. More than one in five of the nation's poorest children had no physician contact in 1986, compared with one in seven children generally.

o Each year millions of working families who require out-of-home child care must make the terrible choice between unsafe and poor quality child care or going without other essentials in order to keep their children safe from injury and disease while they must be away at work.

Not another year can go by without ensuring basic health care and decent child care for all American children. Congress must:

o Establish a national floor of health protection for every low-income mother and child. At a minimum, health coverage for every uninsured low-income pregnant woman and child should be provided immediately under Medicaid;

o Ensure an adequate supply of health providers in medically underserved areas by expanding the Community and Migrant Health Centers and TItle V Maternal and Child Health programs;

o Provide sufficient funding to fully immunize our infants and children;

o Furnish WIC benefits to all women, infants, and children in need of them; and

o Immediately pass the child care legislation now pending in the House of Representatives and reject the amendment offered by Congressman Stenholm to cut funding for child care by more than $1.5 billion.

PREPARED STATEMENT OF TONY BURRELL, IOWA

Thank you for the opportunity to speak to you today.

My name is Tony Burrell. I am 15 years old and I represent the state of Iowa. I was born and raised in Iowa where I have lived all my life. Since the sixth grade I have been active in student council and I am presently a member of the Juvenile Justice Advisory Council for Iowa. I enjoy track, bicycle riding, and acting in plays.

I feel the most important need of youth is education. Youth need to not just go to school, but learn the skills that are essential to obtaining a good job. I believe the schools need to do all they can to keep youths focused on getting a good education and staying away from drugs.

In my high school I am aware of many students who carry weapons. Some say they carry weapons for protection but I believe they carry weapons to upgrade their image. These youth would be much better off if they concentrated on school work as much as their appearance.

It's important that the youths are raised with a desire for a good education. The schools must do all they can but some of the responsibility is that of the parents. Only with families and schools working together to educate all our youth will America remain a leader in today's world.

PREPARED STATEMENT OF MATTHEW WEINSTEIN, ANKENY, IA

As in any other state, the status of youth in Iowa is varied. Some youth have all the luxuries and privileges of a middle-class life, while many don't have much at all. However, one thing which the State of Iowa offers all of its children is the opportunity to get involved.

For most youth getting involved means joining student council or becoming a class representative. Yet the opportunity for involvement goes beyond the schoolyard. Iowa holds many conferences across the state, some of which include volunteerism, substance abuse and youth leadership. These provide youth the chance to learn more about subjects which directly affect them. These conferences, along with help from state agencies, can give youth valuable knowledge which could not only aid them in improving their own situation but the community as well.

Another way in which youth can get involved is by becoming part of the political process. The State of Iowa nurtures its youth as evidenced by its top ranking educational system. Many politicians do care and do listen to the children of the state. Youth can write to senators and representatives and be relatively certain that their letters will be read. The other way for youth to get involved politcially is to work on political campaigns. Politicians welcome young people, not only for the leg work which they can provide, but also for their perspective and insights.

One of the major problems youth face in Iowa is a lack of things to do. When school related activities end there is little to do. One can only go to so many movies, bowl so many times, or drive around so much. Even if these activities didn't become repetitious, the cost is prohibitive to many youths. Due to this, there is a growing trend for less fortunate adolescents to turn to the brotherhood and peer acceptance that gangs offer. Another effect of this lack of activities is that many turn to alcohol and drugs. This problem is not limited to urban areas. I live in a suburban community and most of my classmates drink. I know from contact with other youth that the problem is worse is rural areas.

Communities do attempt to offer attractive alternatives. After high school dances such as Homecoming or the Prom, some student groups organize activities. Usually they aren't things which appeal to youth, so most students go to hotel rooms and throw parties. After this year's Homecoming at my school, a group of students went to a hotel with cases of beer. Some churches hold dances on weekends, but they are intended for junior high school students. Even then the dances are over early so that students have to find something to do, most likely drinking. Even though youth realize the dangers of substance abuse, they find few alternatives.

While the status of youth in Iowa has positive aspects, we do face problems. From the point of view of one of this country's greatest resources, young people, something needs to be done. We need something to do, be it youth centers or some other facility where kids can congregate. I am sure that Iowa is not the only state with this need. This nation's greatest threat is substance abuse. Unless something is done to counter this, the problems will only multiply.

PREPARED STATEMENT OF KATHLEEN CONWELL, MT. PLEASANT, IA

My name is Kathleen Joy Conwell. I am a ninth grader at the Mt. Pleasant Community Junior High School, located in Mt. Pleasant, Iowa. Mt. Pleasant is a town of about 8,000 persons and is centered in the rich farming area of southeast Iowa. We are proud of not only our agricultural heritage but we have a strong industrial base in our community. We are also the home of Iowa Wesleyan College, the first university established west of the Mississippi. I am here today, October 3, 1989, as one of three youth ambassadors from the state of Iowa for the commeration of National Children's Day.

I would like to testify today on two issues which are a concern both the young people of Iowa and the young people of our country. These two issues are the right of every child to a quality education and the responsibility of young people to volunteer their talents and service to make their home, community, school, state, and country a better place to live.

Our Right to a Quality Education

Since I have been old enough to remember, my parents have taught me that knowledge is the only thing no one can take from me. A person's health may fail, a bad financial investment can ruin a person, friends and even, family, can abandon a person; but what a person learns, the knowledge a person acquires, is always with them. With a good education, a person can accomplish anything he wants to.

I recognize that education comes in many shapes and forms. I believe that a quality education comes not only from schools but also involves the family and the community. And a large responsibility for an individual's education lies with the individual. This would be the best type of education a person could recieve. But I am aware that because of a variety of problems and situations, the "perfect" education of a child is not always possible. The "need to survive" in our society has created a number of problems which has greatly affected the attitude and direction of education today. However, if we, the future of American society, are to be able to live and function in the 21st century, we must educate ourselves and we need your help to do it.

Benjamin Franklin once said, "If a man empties his purse into his head, no man can take it away from him. An investment in knowledge always pays the best interest." And I want to ask you today to make an investment in the future of our country. Education is basically a responsibility of the individual state. But it is interesting to note that our country is a country of migrating citizens. Many students begin classes in the fall in one school and end it in another school, many times another state. I believe that the federal government needs to encourage states to work together to develop minimum education basis. This could be done by developing regional education conferences, held yearly, to which educators, teachers, administrators, school boards, parents, and STUDENTS could go to discuss the advancement of education in their region. I also feel state and federal legislators should also participate in this program. Their goal: to develop programs and standards which would benefit the children of their region.

As a student, I also believe that standards for teachers should be established. Iowa is one of a minority of states which require teacher certification. I believe this is good. As a delegate to the 1988 Governor's Youth Caucus, held in Des Moines, Iowa in October of 1988, I had the opportunity to meet with young people from across our state and discuss a variety of issues. Of greatest concern was the direction of education. The reccommendations which we made to Governor Branstad are reflective of the request I make of you. I believe that inorder to provide the best basic education for all students at all levels of ability, aschool boards should enhance basic educational standards and require all secondary educational-level students to pass minimum competency tests before advancing to their next grade. I also believe that vocational-technical training programs should be strenghtened. I am concerned about the number of students who leave our school functionally illiterate and reccommand that a nationwide Right-To-Read program be promoted, including incentitives for persons entering the program.

I believe that all the youth of our great country deserve a quality education. And I recognize that this can be accomplished in a public, private, or home school setting, if those teaching provide a quality program. But because of abuse and misuse of the educational program, the youth of the state of Iowa, as represented at the Governor's Youth Caucus, feel that the quality of education can be best maintained if ALL teachers meet basic certification requirements as mandated by the state and federal governments. I acknowledge the parents' rights to express their interests and opinions in the area of their child's education; however, I believe that every child is entitled to an education which will allow him or her to function as a contributing member of the society in which we live. I also believe that it would be a benefit to the education program if teachers and administrators of public, private, and home schools be required to meet recertification standards every five years.

As Henry T. Heald stated, "Education's real challenge is to produce men and women who DO know how to think; and knowing how, do it; and having done it, voice their opinions." I am thankful for the education I have received in the public schools of this country and I pledge myself to speak out on behalf of quality education for all young people.

Our Responsibility to Volunteer Our Talents and Services to our Home, Community, School, State, and Country

The greatest gift a person can give is a little bit of themselves. A young child draws a picture and brightens the life of another by giving it to them. A busy mother takes time out of her hectic day to teach a dozen noisy girls how to build bird houses for a local park. A high school sophmore takes time to present a constitutional moment to members of the local Senior Citizens group.

In a society of "Take, take, take," and "Give me, give me, give me," it is time for the young people to join together and set an example for the country as we volunteer to make our home, community, state and country, and even, our world, a better place to live.

The American society has a reputation of helping others. But in the last few years, organizations such as the Girl Scouts and Boy Scouts, the American Red Cross, Big Sister and Big Brother organizations, as well as numerous other volunteer organizations have seen a decrease in volunteers or an increase for demand of their services but not enough people to help fill that need. Because of changes in the American family unit and increased financial demands, we have seen a decrease in a number of areas of volunteer services.

If every American, no matter what their age could volunteer to help in an area of their interest, for only 1 hour a week, great changes would take place in our culture. And I believe it is the responsibility of young people to set the example of voluteerism for our community and country. I have had the opportunity to work in several programs in my community. The hours I have spent doing volunteer work for our local Students Against Drunk Driving, as a local museum volunteer, and in service through Girl Scouting and Exploring have been the most rewarding time I have spent. It is important that we realize that volunteerism does not have to be done through a structured organization. What a better place our country would be if we each spent 1 hour a week, picking up trash, collecting food and clothing for the needy, teaching someone to read, being friends with others, or serving another person through love and kindness.

There is so much to be done in this world and we can not wait for someone else to do it. If we see a need, we must take the iniative to fulfill that need. And we must do it, without concern for how it will benefit us.

I would ask that the young people of this country rise up and set an example for the adults of this world - even a challenge. The challenge to volunteer one hour a week to the good of mankind. And I want to challenge you, the members of this Select Committee, to volunteer an hour a week for the betterment of your communities in your home state and an hour a week to the betterment of your adopted community - Washington D.C.

President John F. Kennedy stated in his inaugural speech, "Ask not what your country can do for your, ask what you can do for your country." Today, these words sometimes ring hollow. We many times think of only ourselves and what certain programs, laws, and legislation can do for us or our interests. Let us step beyond that - Let us ask what can we do for our country and then let's do it.

And let us recognize those who contribute to their communities, especially young people. It is not to much to say thank you or to write a letter to express your gratitude for volunteer work that is being done. Volunteers do not volunteer to recieve recognition, but they do deserve it. Let us express our gratitude to those unsung American heroes - volunteers. They are truly the heart of this great country - and a lot of them are young people.

PREPARED STATEMENT OF EMILY BORRELL, WALDORF, MD

My name is Emily Borrell and I am eleven years old. I go to Dr. Brown School in Waldorf, Maryland. I go to classes with other children who have hearing and speech problems, but some of my classes are with the children who do not have any special needs. My favorite subjects are Math and Spelling. When I first started at Dr. Brown School, the other children just looked at me a lot, but they did not talk or play with me. That was four years ago. Things are different now. I have a lot of friends. They help me if I have trouble doing something that is easy for them. We talk and play together. Sometimes, I teach them words in Sign Language. I tell them when I get 100 on my Spelling test. They think that is great. I like going to a regular school.

I also like going to Special Olympics. My teacher, Mrs. Cooper, helps me get ready. I try to throw the ball hard and straight, to run fast and to jump far. My friends at school say "Congratulations" when I come back with ribbons and medals.

I think it is a good idea for all children to go to school together. Children with special needs are really just like all the other kids. We all can learn from one another and help one another.

PREPARED STATEMENT OF JOBY SHIMOMURA, SEATTLE, WA

Just a point of information, teenagers and politicians are a lot alike. The only time you really hear about them is when one's involved in a sex scandal, diverting funds, or when teens are getting pregnant, on drugs, dropping out of school, or committing some violent crime. It's important not to lose sight of the majority of youth who are actually doing all right. I think that's whats being done today. The declaration of a National Children's Day is a definate step in the right direction. (It's nice to see the nation finally instep with the City of Seattle, who's had a KidsDay for five years now.)

One simple, but extremely important message from the young people of the State of Washington: Utilize your most valuable assets as resources. Utilize young people as valuble resources. Youth have got to be included in the grassroots discussion and decision making of legislation, policies and programs which effect children and youth. After all, who are the experts when it comes down to drugs in schools? The students. Who are the experts when it comes down to teenage pregnancy? Teens. Take what's happening here for instance. The opportunity to speak infront of you is absolutely wonderful. However, it should not be a once in a life time opportunity.

Discission makers and the youth of this country have got to establish ongoing dialogue. This concept of gathering input from youth is more popular on the local level and now it's time to see aciton and movement on the national level.

Utilizing this concept is not costly.

It's being done in Seattle, with KidsBoard. It is a youth leadership program that advises civic leaders in the community on youth issues. They raise many questions and concerns that most adults wouldn't ever think of.

I think we've been given a lot of lip service and little action. If we truly valued children then federal budget expenditures should be consistant with what our leaders are preaching, children, families and education. But, right now when you take a look at public policies, you see that children are often secondary to military strength, balancing the budget and no new taxes.

Lets show some consistancy.

All of the concerns that will be brought up today, are not unrealistic dreams, they are not fantacies and too idealistic. They repreent what any civilized society would do for it's children. The simple fact that some children are only dreaming of thses services and not experiencing them is a dramatic indicaiton of our lack of commitment to our children.

Allow young people to become active participants, empower them, support them, encourage them, but most of all listen to them.

CHILDREN'S INDEX[*]

% of Washington's public school students who have tried alcohol by the sixth grade: 54
% who have tried it by the tenth grade: 84
% of tenth grade students who say it is easy to get cocaine: 31.2
% who say they have actually tried cocaine: 8
Amount the State spent on drug education in 1988: $257,000
The State's K-12 education budget for 1988: $5.1 billion
Washington youth who never graduate from high school: 1 in 4
Rate of low-birth-weight babies in Seattle in 1987: 7%
Rate of low-birth-weight babies in Western Europe in 1987: 4%
Cost to State of normal-birth-weight baby: $1,187
Cost to State of low-birth-weight baby: $4,447
% of babies born in Washington without prenatal care: 22
Amount poverty among children has increased in the U.S. since 1979: 37%
Washington children who live in poverty: 1 in 5
Black, Latino, and Native American children in Seattle who live in poverty: 1 in 2
Minimun monthly income the State says a family of three needs to survive: $872
Proportion of that level that the State provides in its public assistance grants: 56%
Number of women and children turned away by area shelters in November 1988: 4,277
Children counted sleeping outside in Seattle on one night in November 1988: 21
Number of school-age homeless children in Washington in 1988: 16,000
Proportion that did not attend school: 46%
Annual amount the State spends per pupil on education: $3,846
Amount the State spends per year to house a single prison inmate: $20,000
Washington's national rank in pupil-teacher ratio: 47th
Washington's national rank in the size of an average class: 4th
% of Seattle's children that are minority: 34
% of the city's children living in poverty that are monority: 54
% of United Way funding serving minority clients in 1986: 24
Seattle children who need childcare: 23,000
Licensed childcare slots available: 8,854
Seattle children who need subsidized childcare: 10,000
Number that receive it: 1,500
Licensed daycare slots needed on the Eastside alone by 1998: 16,230
Of nation's 6 million businesses, number that assist employees with childcare: 4,500
% of children in three Seattle low-income neighborhoods who are hungry: 42
% of Washington women and children eligible for WIC who do not receive it: 68
% increase in numbers served by Seattle area food-banks since 1980: 3,200
% decrease in food donations to area food-banks since 1985: 30-40
Number of Washington children of working parents who have no health insurance: 151,000
% personal income has decreased for poorest fifth of U.S. population since 1979: 9.8
% personal income has increased for richest fifth of U.S. population since 1979: 15.6%
% of low-paying service jobs in Washington created between 1978 and 1985: 75
% of U.S. families headed by a single parent: 18
% of King County families headed by a single parent: 23
% of Seattle families headed by a single parent: 30
% of Black children in King County who will live with only one parent by 1990: 57
% of Seattle women who work outside the home and have school-age children: 70
Number of Seattle-area cases added to Child Protective Services in 1985: 4,061
Number of new cases in 1986: 4,535
% of state's 94,000 emotionally disturbed children who do not receive treatment: 94
% of all emotionally disturbed children that come from low-income families: 67

[*] Modeled after "Harper's Index," *Harper's Magazine*

PREPARED STATEMENT OF SERENA PETERSON, BELMONT COUNTY, OH

Good afternoon Honorable Congressmen, Youth, Ladies and Gentlemen.

I am Serena Peterson, presently living in Southeastern Ohio, Belmont County.

This is a great privilege and honor to be addressing Congress considering that 9 1/2 months ago I was a practicing alcoholic and drug addict.

I understand you would like to build more prisons for drug users. I feel like someone being thrown into a cell, considering the crime, will not come back into society with the attitude of being sober and maintaining sobriety. Unless they receive the education, counseling and support while in prison they will not re-enter society with a proper attitude necessary for a successful recovery. I also feel since there has been a decrease in high school drug use and an increase in usage among kids between the ages of 10 and 15, that the educational process should start in the elementary grades. We all know this is the biggest and the hardest war we have ever fought; we can never give up.

When I became willing to change I had a lot of support and a lot of help. My family gave me lots of support along with the A.A. fellowship. My mentor parents gave me a lot of knowledge as well as support. They introduced me to the Independent Living Program in which I learned: anger management, issues of self-esteem, safe sex, money management, wise shopping and many other subjects and areas. They helped me to set realistic goals and showed me the importance of getting a post-secondary education.

If it would not have been for this support and encouragement plus a desire within myself for a better life I could be a prostitute right now, in prison, or even worse I could be dead. I would like to see programs such as this be made permanent because we are America's future.

I owe many thanks to the Belmont County Children Services Agency, the Federal Independent Living Initiatives Program and to everyone else who has made this trip possible. I would also like to give special thanks to Ann Maxwell, Director of the Office of Program Enhancement, and Daisy Alford and the Ohio Department of Human Services.

Thank you.

PREPARED STATEMENT OF MERCER BAINES, TRENTON, NJ

Good evening, I am Mercer Lydell Baines, a KIKS peer leader who was asked to speak on behalf of the State of New Jersey's youth.

First of all, do adults feel stressed? I wondered about that because, believe it or not, we teens are stressed all the time! Stress feels awful. Kids will do almost anything to help themselves feel better. For kids, stress can come from various things: peer pressure to drink, to shoplift, losing someone you love. Recently, I was training a new KIKS group of 7th grade peer leaders. They told me how awful it was that a 12 year old boy they all knew in their neighborhood was just shot because of drugs. He's dead. They could hardly believe it. Some people (teens) turn to substance abuse to ease the pangs of stress. Others have sex too soon resulting in unwanted pregnancy; some as young as 5th graders. Kids do these things just to be noticed, or to be loved, if they don't feel loved anywhere else. They think maybe their boyfriend or girlfriend will love them if they have sex. KIKS teen peer leaders like me are there for these 4th, 5th, 6th, and 7th graders as a friend and a role model.

KIKS (Kids Intervention With Kids in School) is a program dedicated to offer trust, show understanding, and most of all encouragement to younger kids who may not think much of themselves. You can't stop kids from serious drug and alcohol abuse or dropping out of school *if they don't like themselves enough* or *don't see a future*. Hope and feeling good about yourself are the two most important things *all kids need*.

As a peer leader and role model, I tried to show the (pre-teen) kids in my group my own growing self-esteem. I try to show them understanding without being phony. I offer trust and openess, and most importantly, help them to feel good about themselves. Wouldn't it be great to have more teens helping pre-teens like in our KIKS program? We the teens are the future. We need to grow to our full potential. It's hard to do when some kids live in the city where everyday other kids pressure them to do things they don't really want to do. My pre-teens in my KIKS group see many people around them in their families and neighborhoods killing themselves with alcohol and drugs. *Please don't let the future die*! *Don't let us die, because we are the future*!

Thank you.

PREPARED STATEMENT OF ANMAY LAM, KAILUA, HI

Chairman Miller, Chairwoman Boxer, and members of the Joint Select Committee on Children, Youth , and Families and Budget Committee Task force on human resources : My name is Anmay Lam. I am 16 years old and live in Kailua, Hawaii. I would like to thank you for this opportunity to testify before your committees about some of my concerns about runaways and youth violence as well as my ideas of how Congress can help to solve these problems.

Being a runaway myself for a year, I felt the helplessness and desperation that a teenager faces when he or she lives on the streets. "Who are these kids on the street?" you may ask. They are young people who are confused and need guidance. They are young people in danger. They are young people who need your support.

Many times, it is easy for us to forget what is happening to these teenagers. At one in the morning , where are most of you? In the house sleeping? Watching a late-night movie? Well, for these kids on the run, they are scared, freezing, lost, and desperate. They want someone to help them, but they don't know where to go. Often, they end up with the wrong type of support. These are merely children that I am talking about - all of them have great potential but they had a bad start.

I have a friend, her name is Trisha. Trisha was 15, beautiful, and a runaway. Her parents did not understand her, as she put it, and her father would beat her up. Trisha ran away to life on the street where she met new "friends". Soon after, she began to shoplift and inject drugs into her veins. She had no money, so she turned to prostitution. She is now in a drug rehabilitation center.

I think what's most important for us to know is that Trisha IS real. She may be the teenager next door or anyone's baby girl. She is also just one of many runaway teens - scary, isn't it? Well, it's 50 times more horrifying for the teens actually out there.

But there are solutions that can be explored. One would be to stop the problem before it even happens. This could mean more counselors availablity and more programs oriented towards family crisis. Another avenue would be drop-in centers. If money was made available to open a help center where runaways could be helped before they get into still more trouble, these teens could be saved.

Yes, I know everyone will say it all goes back to money. It's true that it will take a good amount of monetary support for anything to start. But aren't these children worth it? Investing in our nation's youth is investing into our country's future. Besides, these aren't numbers but REAL children who need help. Lost youth who needs you.

Regarding youth violence: this seems to be the result of many causes. One stems from substance abuse. Young people today are killing themselves with drugs - many too caught up with drugs to find help. Another cause is possession of arms. With so many firearms available to the nation's youth, killing ourselves is becoming an easy task. Also, many children are getting involved in illegal activities.

What is happening? In a Californian study of leading school problems, those surveyed in the 1940's ranked talking, chewing gum, making noise, running in the hallways, getting out of place in line, wearing improper clothing, and not disposing of garbage in the correct places as the major concerns. Those surveyed in the 1980"s, however, cited drug abuse, alcohol abuse, pregnancy, suicide, rape, robbery, assault, burglary, arson, and bombings as their concerns.

It is obvious that our problems are growing worse. In the past weeks, Hawaii has experienced several cases of shootings on school campuses. This is scary for me - to know that my friends can be victims of this brings it even closer to home. My home school has had about 7 incidents of cars being broken into within this past month although it is situated in an affluent suburban neighborhood. Why is this so?

Well, maybe it's because I can get drugs in about 15 minutes if I try. Maybe it's because it seems like there aren't enough aftershool programs available to youths. Maybe it's because there isn't enough money for the state to resolve this problem.

One fact is clear: The state does not have enough funding to pull programs together to keep youth busy and thus prevent problems of substance abuse, pregnancy, violence, the list goes on. This is a NATIONAL problem, not just a problem for the individual state. Our entire country must support this endeavor to help youth because the state can't do it alone. Federal monies need to be made available to help save my generation.

I would like to thank you all for giving us the opportunity to present our views in regards to these problems.

PREPARED STATEMENT OF SUSAN SCHNELLER, LAWRENCEVILLE, NJ

Presented to: Members of the Select Committee on Children, Youth, and Families and the Budget Committee Task Force on Human Resources, Washington, D.C.

Hello. My name is Susan Schneller and I am an ambassador representing the state of New Jersey.

Our country has several grave issues pertaining to youth to address and the onus of how to deal with them falls upon all of our shoulders. Therefore, I am going to attempt to give you a deeper insight into the world of today's young people. My generation is plagued by such problems as drug and alcohol abuse, increasing numbers of teenage suicides and pregnancies, and general rebellion. All of you are aware of these situations. However, I hope to enlighten you as to the underlying reasons for them and offer you one effective way of preventing these problems.

What most adults do not realize is that all these destructive behaviors are adolescents' reactions to or escapes from their environment. The question is, why would any young person need a retreat, whether healthy or unhealthy? One very important motive is stress. I believe many people have a misconception of the lives my fellow teenagers and I lead, because they view them as easier due to technological advances, better financial opportunities, and improved education. However, a fact that is often ignored is that with these adventages comes greater responsibility, pressure to perform, and higher personal expectations, all at an earlier age. Added to these is constant peer pressure about things ranging from the trivial, such as the right style of clothes, to serious matters concerning sex and drugs. The burden of avoiding disastrous decisions becomes especially difficult when we are urged on by our friends. Teens are also subjected to pressures from parents, teachers, society, and themselves. Along with this, the average youth has very little self-esteem and lacks decision-making and communication skills. This makes most youngsters vulnerable. A classmate of mine had difficulty making decisions and communicating with her family. She now has a young child and has dropped out of school. The result of these stresses and inabilities to cope can be an extremely destructive force if someone does not know how to deflect it.

So, how can you begin to combat these weaknesses? I strongly recommend that you tap into a virtually unused resource: America's youth. Yes, we can and will help solve our own problems if given the chance. A peer leadership program has been established in my school system by the Children's Home Society of New Jersey. KIKS, or Kids Intervention with Kids in School, is a project in which teenagers are first trained and then presented to younger students as positive role models. My fellow high school peer leaders and I support our younger peers and through various activities let them practice how to deal with anger, to reduce stress, to make constructive decisions, to improve their communication skills, and to view themselves as people worthy of all the benefits of life. We are not teachers, but just older friends who care and want to help. I believe that using older peers to communicate to the younger students is much more effective than any program where adults run the groups. In the early teenage years many kids tend to turn to their peers for examples of acceptable behavior instead of to adults. As teens strive to become independent people they rebel against those who restrict their efforts. Thus, the influence any adult might have on these students is greatly diminished. If the younger people already look to their teen peers for right and wrong, then it seems logical to have older teenagers guide their younger peers through problems with which they are very familiar and are still struggling with themselves on a more complicated level. I personally know this is true from being on both sides of the system. When I was the only freshman at the fall play tryouts and knew no one, seeing my peer leader walk into the auditorium was an incredible support and relief. This is why older peers are the better medium to use with young teenagers. We are not only the problem, we are the solution.

The last topic I wish to address is how KIKS has effected me. I have found that through my peer leadership training and experiences with seventh and eighth graders every week I have become more sensitive to the needs of others and of myself. Working with my peer groups gives me a great sense of satisfaction, for I feel that I have contributed to the lives of "my kids." I share in their joys and successes, as well as helping them cope with their disappointments. I am more confident and feel comfortable with who I am. For several years I was very intimidated by many of my classmates, because the way I think and act often deviates from the "popular" view. I now find it easier to accept my differences and deal assertively with my peers. It is also simpler for me to handle stressful situations and to do what's right for me, no matter what others may think.

Committee members, you have the opportunity to help establish peer leadership programs like KIKS across the country as one solution to the problems facing America's youth. Thank you for listening to my observations and suggestions. I hope I have helped you better understand why I feel there is a necessity for such programs throughout our country.

PREPARED STATEMENT OF TINA RUSKIN, BELMONT COUNTY, OH

Good afternoon Honorable Congressmen, [illegible] and Gentlemen and Youth:

I am Tina Ruskin, from Southeastern Belmont County, Ohio. I am honored to be here speaking to this joint committee.

Let me tell everyone a little bit about myself. I have been in foster care for 9 years. Prior to my recent foster home of 5 years in Ohio I had been in 6 different foster homes in West Virginia. The moving from home to home has been difficult for me. To avoid this moving around, the foster care agency should find a proper home for foster children where both the foster child and the foster parents are satisfied and happy. Even though I have never been in serious trouble with drugs, alcohol,with the law, etc., I have had my share of troubles. My recent foster home has been the closest I have come to feeling like I'm really home.

Just last April my foster parents received special training in Mentoring. The training they received is now helping me. I have learned, and am still learning, many things.

First, I am learning how to manage my money properly. Also, I now have my very own savings account in which there is money for college. Saving money is the first step to help a child prepare for his or her future. I am also learning how to do the following: cook, clean, laundry, and how to take care of myself (hygiene). The program has helped me deal with painful issues and I feel better about myself. Thanks to the Mentor Independent Programs I will know how to take care of myself when I am on my own. Also, through this program, there are grants and other special funds for children like myself, to help children go to college. I would advise all foster children to go to college. No matter where they are, they all should go if they can. I have learned a lot throught the Mentor and Independent programs.

I now believe in myself and feel confident of my future. I have set goals and I really plan to reach them. All foster children need to feel good about themselves, to have hope for the future.

There are many dangers that threaten the teenagers of today. There is the drug and alcohol problem, teen pregnancy, and other issues. I am not going into detail about these issues, since I haver never had personal experiences with any of these issues. The problems are serious and if nobody cares about them, they will grow.

Teenagers of today are influenced by their peers. Many do not listen to their parents or anybody else. Teenagers think that turning to drugs will solve their problems; it will not. Drugs will only make problems worse. I would advise teenagers to talk to other people about their problems instead of turning to drugs. Other people can help teens solve their problems; drugs will not. There are groups and other programs that are set up that will help teens with their drug and alcohol problem. Teachers and other professionals could refer youth for drug and alcohol assessments.

Teen pregnancy, S.T.Ds and A.I.D.S are major issues. There are more and more "kids refsing kids" in America. The Belmont Children Services Agency offered teen groups with a way to deal with these important issues. These issues are also addressed by the Independent Living Program. The best way to avoid getting pregnant or catching S.T.D.s is not to have sex. Even though teenagers think that sex is fun, it is also dangerous. Another way is that teens can protect themselves. Different types of protection are available. My advice would be either don't do it, or if the teens choose to do so, use protection. Teens are taking big chances when having sex and not protecting themselves.

That concludes my testimony. I would like to thank the Belmont County Children Services, the Independent Living Program sponsors, and Daisy Alford, Deputy Director of the Ohio Department of Human Services. I would also like to thank the Congress for letting me speak to this joint committee, and for passing the Federal Independent Living Initiatives. But most of all, I want to thank my foster parents for supporting me and helping me reach my goals.

Thank you all very much.

PREPARED STATEMENT OF KIM MALETTA, KAILUA, HI

CHAIRMAN MILLER, CHAIRWOMAN BOXER, AND MEMBERS OF THE JOINT SELECT COMMITTEE ON CHILDREN, YOUTH, AND FAMILIES AND BUDGET COMMITTEE TASK FORCE ON HUMAN RESOURCES: My name is Kim Maletta, I am 16 years old and live in Kailua, Hawaii. I would like to thank you for this opportunity to testify before your committees about some of my personal concerns about "Prevention Programs and Out-Of-Home Living Facilities" and my ideas of how Congress can help to solve these problems.

Many youths today including myself, face numerous of problems and pressures especially at home, but also at school and at work. For reasons such as a lack of communication with parents or guardians, you may be unwanted or physically, mentally, and even prominently now, sexually abused. Also, you may get kicked out of the home for reasons such as an "F" on your report card, not taking out the garbage, and from my experiences, the old philosophy that a child is to be seen and not heard. So, when having these problems, who do you turn to and where do you go for help. Being unaware of the facilities and programs, a youth will naturally turn to the streets and now turning to drugs. So what is the issue?

The issue is a lack of money to form prevention programs for troubled youths. Statistics seem to show an increase of youths who need help but half of them are not able to get that help because there are a lack of programs, counseling groups, and out-of-home living facilities for youths.

In addition to not enough facilities, social workers have decreased which has placed a backlog of cases for processing, placement, and counseling. Workers are being overloaded. That causes them to be very stressed out, and the youths then end up not getting the help according to their needs. In the homes, the social workers, staff, and counselors are too busy with their paper work or phone calls. The youths then feel very depressed, neglected, no one cares, no one wants to help them, and no one understands. Thus, they end up very frustrated and not wanting to deal with the problem anymore.

In some cases when one facility is not able to help the youth, and another facility is available for your special problem, monies are unavailable to go into a prevention program, the youth then has to wait a long preriod of time to get placement, and may not even get placed at all. We are the new generation. If we aren't able to get the help we need because there aren't enough available programs to turn to, what then?

In order to meet up to these issues, we will definitely need money to help us provide programs and facilities for youths and give them the basic counseling both in and out of crisis situations. Through this, we hope to be able to reunite child and parent and lead them towards a happier family life.

THANK YOU!

PREPARED STATEMENT OF TOBY WESTBROOK, MEETEETSE, WY

As a teenager in America today and knowing some of the serious problems todays youth face, I would like to make a positive statement about my personal situation.

My name is Toby Westbrook and I represent Wyoming, and a small community in the north-west part of the state called Meeteetse. Meeteetse is a town of 450 people with second and third generation ranch families, with strong roots in agriculture and more recently tied to the mineral industry.

Because of its small size and relative isolation, the community is very integrated to the school system and the activities of the students. More often than not a football game, volleyball game, or school play is the only entertainment on Friday night and we enjoy 100% support of our community.

The pupil teacher ratio is very low, about eight to one, which gives our teachers a better opportunity to know each of us and to work closely one to one with us. The teachers all live in our community and we also see them as neighbors and family friends and role models.

Our school system offers a large variety of extra curricular activities, which require participation by almost every student in the system. Besides the normal classroom day from eight to three, most of us participate in sports, are active in school groups, organizations and vocational programs.

My family chose to live and work in this small rural community because of its statement on education and its healthy rural environment. They have encouraged me to stay in touch with my past by giving me an agriculture related background and supporting strong vocational programs such as 4-H and Future Farmers of America. Whether or not I choose an agriculture related career, I feel a strong sense of belonging and reassurance of where my roots are.

I feel fortunate to live in a community where education is such a high priority commitment. This has a very positive effect on students in my school, and I think our almost non-existent drop-out rate and high percentage of our college bound students is testimony to that. This is a fact that my community is very proud of and strives to continue. My community has found a positive approach to assuring its young people of a better life for themselves through strong educational values.

PREPARED STATEMENT OF GARY L. BAUER, PRESIDENT, FAMILY RESEARCH COUNCIL

Many thanks to the Select Committee on Children, Youth and Families, to the Chairman, Mr. Miller, and to the Ranking Minority Member, Mr. Bliley, for inviting me to contribute testimony for this occasion.

The Family Research Council, as you know, conducts public policy analysis and advocacy in the interest of the traditional family and the values that undergird it. In keeping with those values, I support the principles of the Joint Resolution that created this observance, in particular the fifth, sixth, and seventh paragraphs, which read as follows:

> Whereas, it is important for parents to spend time listening to their children on a daily basis;
>
> Whereas, modern societal and economic demands often pull the family apart;
>
> Whereas, encouragement should be given to families to set aside a special time for all family members to remain at home,...

I think the diagnosis and the aspirations reflected in these paragraphs are sound. While I would not want to see government act as a sort of enforcer to make sure families have their daily together time, I certainly think families ought to strive for closeness and interdependence among their members.

The primary beneficiaries of such closeness and interdependence are children. Children are also those most hurt by the pressures that often militate against family closeness, including two-parent employment, and the trend towards ever higher rates of divorce.

Our children are, as the Joint Resolution puts it, "the future, hope, and inspiration of the United States." And the family is quite simply the best venue for the nurturing and development of that future, hope, and inspiration. The traditional family has a track record as long as human history.

Let us not fall into the habit of thinking of our children "resources," requiring "investment." No government largess, no matter how well intended, can replicate what the family has traditionally done. I become anxious, Mr. Chairman, when I hear words like "neglect" and "abandon" used to describe what government does when it leaves children to their own families instead of providing programs for them. The needs of children must not become another pretext for the growth of leviathan. The fact that many families today are dysfunctional calls for remedies aimed at strengthening families, not at substituting for them.

Our nation's future is in our nation's children; and our children's future is in our nation's families.

Thank you very much.

PREPARED STATEMENT OF TIANA NEWBAUER-HAMPTON, MINNESOTA

My involement in the community has been a learning tool and a very valuable experience for me and others I have worked with. At this moment I am involved with four different youth group programs. Each program is unique in its own way. These programs have helped me to create a future for myself and develop self esteem as well as the skills needed to be assertive and a youth leader.

Soaring Eagles, an Indian youth leadership support group, has helped me develop leadership skills that are essential to all of the programs I am involved in. I have learned listening skills in all of the programs but this program has really helped me to use them. Soaring Eagles has given me responsibility and has taught me the importance of following through with projects I start. Cultural values is a very important part of this program; understanding our culture and the cultures of others helps us to rise above the ignorance of racism. In Soaring Eagles I learned fund raising skills and how to work together as a team, too.

The Minneapolis Youth Coordinating Board has given me the opportunity to speak out about my beliefs and has provided the support to do this. As a group we try to get our peers more involved in the community as well as letting them become more aware of what has been happening in their communities. One project that we did was to go to schools as Peer Educators to inform students about AIDS (Acquired Immune Deficiency Syndrome). We have given presentations and read proposals and given our feedback about youth concerns in our city.

The Community Crime Prevention Youth Advisory Panel has taught me the importance of laws and justice. It has also given me the chance to learn about and express what youth services I believe are needed, what is working and what is not working to help youth stay away from crime. We visited the Red Wing Juvenile Boy's Correctional Facility and had a chance to discuss some of the reasons many of the boys got involved in crime. This trip made a big impression on us and since then we have been trying to find a new program to help those kids.

The Youth as Crime Prevention Resource Project operates through Community Crime Prevention as well. We meet with alot of police officers and other crime prevention staff. This project deals mainly with youth mediation, better known as conflict resolution. All members have gone through forty (40) hours of training to learn personal safety and conflict resolution or mediation skills. During the summer we worked in different parks in the metropolitan area and used our skills and training to deal with daily disagreements and arguments. We were also responsible for giving two personal safety workshops at our park site. The workshops covered things like bike safety, McGruff safe house, date rape, etc. depending on the age of the group we spoke to. The effectiveness of my training led to me being offered a job at the park during the school year.

These four programs are only a small part of the many programs offered to youth, yet all youth are not as fortunate as I have been to know about them and be involved in them. Each program is set up to accomodate a certain number of kids and for that reason I believe it is very important to continue to fund and support youth programs. These programs help youth to become determined to finish school and train for better jobs. This is what insures us a brighter future. I see youth involvement in their community as a chance to change the statistics I hear daily about kids in gang activity, drugs and other destructive behavior. It is a way for youth trapped in negative life styles and unhappy family situations to learn how to strive for a better life and learn skills to do that and see why they work. They can have hope that there is a way to have meaningful lives.

[Whereupon, at 12:15 o'clock, the hearing was adjourned.]

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